

**BUCKINGHAMSHIRE COUNTY COUNCIL**



# ANNUAL REPORTS

of the

COUNTY MEDICAL OFFICER of HEALTH

COUNTY WELFARE OFFICER

and

PRINCIPAL SCHOOL MEDICAL OFFICER

for the Year

**1964**



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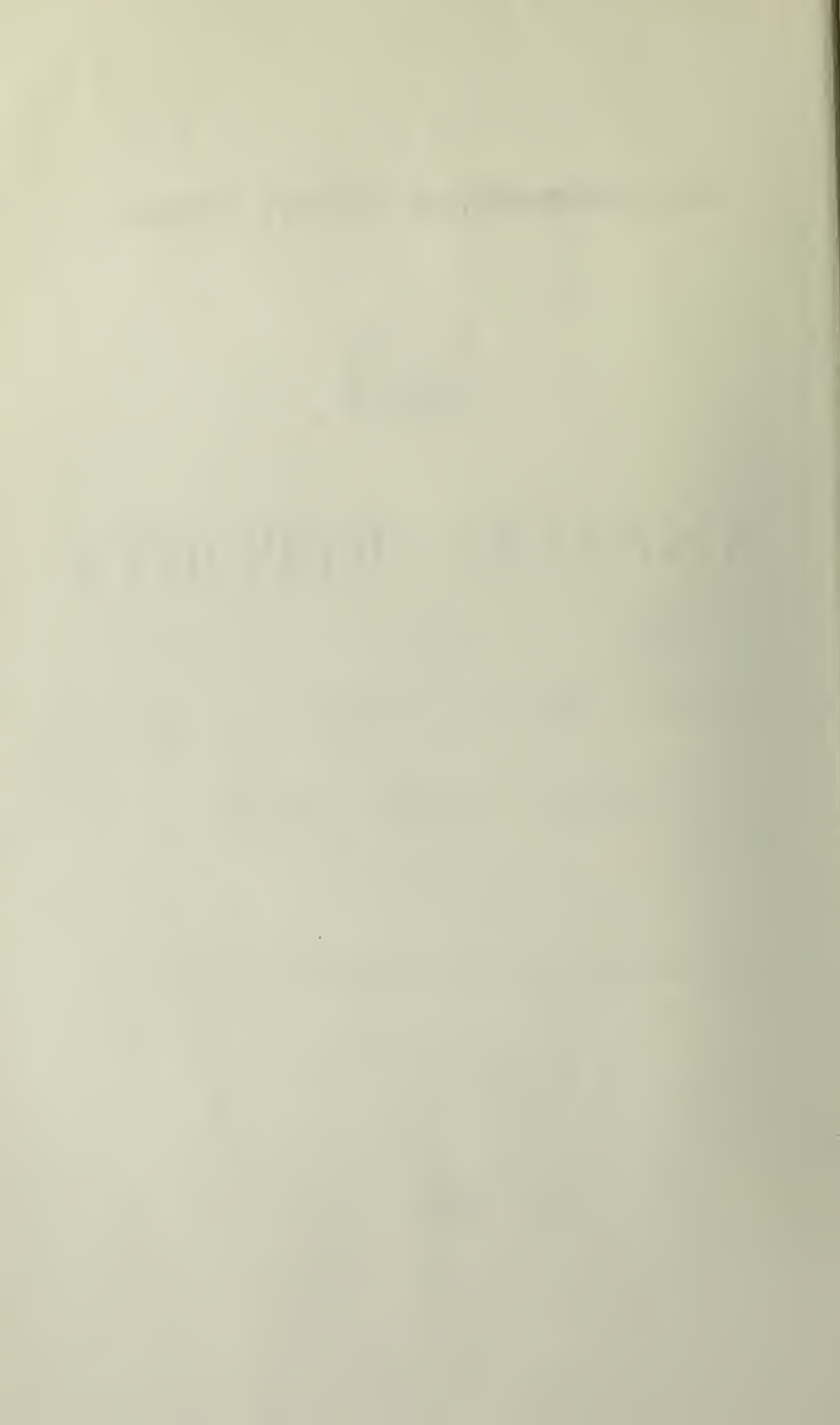
COUNTY WELFARE OFFICER

and

PRINCIPAL SCHOOL MEDICAL OFFICER

for the Year

## 1964



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County Health and Welfare Department,  
County Offices,  
Aylesbury.  
June, 1965.

Mr. Chairman, Ladies and Gentlemen,

It is with pleasure that I present my Annual Reports for 1964.

These reports are again submitted in one volume since it seems that in this way those most concerned are given a comprehensive picture of all aspects of the work of the Department without the trouble of having to refer to separate publications.

In addition to the combination of the reports an attempt has been made to make them serve a dual purpose; it is hoped that they will be readable and self explanatory and at the same time in such a form that those who read it for professional reasons can extract the information they require with the minimum of difficulty.

May I again say how grateful I am—to members of the County Health and Education Committees for the help and support given to the staff and to myself throughout 1964; to the voluntary associations for their invaluable assistance; and to the staff for their contribution to what was, to my mind, a successful year.

I am,

Your obedient Servant,

G. W. H. TOWNSEND.

*County Medical Officer,  
County Welfare Officer,  
and Principal School Medical Officer.*

## STAFF

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*County Medical Officer of Health,  
County Welfare Officer and Principal School Medical Officer :*

G. W. H. TOWNSEND, C.B.E., B.A., M.B., B.CH., D.P.H.

*Deputy County Medical Officer of Health,  
Deputy County Welfare Officer and Deputy Principal School Medical Officer :*

J. DRUMMOND, M.B., CH.B., D.P.H.

*Area Medical Officers and Divisional School Medical Officers :*

M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.  
(also Medical Officer of Health, Borough of Slough)

A. J. MUIR, M.B., CH.B., B.HY., D.P.H.  
(also Medical Officer of Health, Borough of High Wycombe, Urban District of Marlow and Rural District of High Wycombe)

A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.  
(also Medical Officer of Health, Borough of Aylesbury, Urban District of Linslade, Rural Districts of Aylesbury and Wing)

D. H. WALDRON, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M., & H.  
(also Medical Officer of Health, Borough of Buckingham, Urban Districts of Bletchley, Newport Pagnell and Wolverton, Rural Districts of Buckingham, Newport Pagnell and Winslow)

*Divisional School Medical Officers :*

G. M. HOBBIN, B.COM., M.B., CH.B., D.P.H.  
(also Medical Officer of Health, Urban District of Eton and Rural District of Eton)

*Deputy Divisional School Medical Officer :*

R. E. ATKINSON, M.B., CH.B., D.P.H.  
(also Medical Officer of Health, Urban Districts of Beaconsfield and Chesham and Rural District of Amersham)

*Senior Medical Officers :*

PATRICIA HERDMAN, M.B., B.S., D.P.H.  
FANNY STANG, M.D., L.R.C.P., L.R.C.S., D.P.H.

*Assistant County Medical Officers and School Medical Officers :*

INEZ R. ALDOUS, M.B., B.CH., D.C.H., D.P.H.  
(Senior Assistant)

LILIAN F. C. BEATTIE, M.B., B.S.

B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H.  
(Senior Assistant)

ANNE M. DIXON, M.B., B.S., D.A., D.P.H.

JOAN GRAY, M.B., CH.B., D.P.H.

HANNAH V. ILLING, M.B., CH.B.

WENDY L. JEFFERSON, M.B., B.S., D.Obst.

ETHEL G. JENNINGS, M.A., M.B., B.CH., B.A.O., D.P.H.

R. M. LASLETT, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.

MARY I. MCARTHUR, M.B., CH.B., D.P.H.

BARBARA V. LONGLEY, M.B., B.S., M.R.C.S., L.R.C.P.

EVELYN D. MORLEY, M.B., CH.B., D.C.H.

AUDREY MYANT, M.B., B.S., M.R.C.P., D.P.H.

WINIFRED J. RISK, M.B., CH.B. (*Part-time*)

MARY R. VENNING, B.M., B.CH., C.P.H. (*Part-time*)

*Child Guidance and Preventive Psychiatry :  
Consultant Psychiatrists*

E. M. BOOTH, M.B., CH.B., D.P.M.  
M. I. POTT, M.B., CH.B., M.R.C.S., L.R.C.P., D.CH., D.P.M.

*Child Guidance :  
Consultant Psychiatrist*

C. E. BAGG, M.A., M.R.C.S., L.R.C.P., D.P.M.

*Principal School Dental Officer :*

C. H. GRIFFITHS, L.D.S.



*Orthodontist :*

AUDREY M. BLANDFORD, L.D.S., D.ORTH.

*School Dental Officers :*

(also employed part-time on the dental care of expectant and nursing mothers and young children)

MRS. E. J. BARKER, L.D.S., R.C.S. (*Part-time*)

B. A. BERRILL, L.D.S., R.C.S.

MRS. J. A. BODENHAM L.D.S. (*Part-time*)

K. DANNEN, D.M.D.

R. J. E. DERWENT, L.D.S., R.C.S.

EVA DEUTSCH, M.D. (*Part-time*)

K. R. DIXON, L.D.S., R.C.S.

G. HADSHAR, L.D.S., R.C.S. (*Part-time*)

C. HOWARD, B.D.S., L.D.S., R.C.S.

MRS. LISE LEVY, L.D.S. (*Part-time*)

L. F. LOEWE, M.D.

MRS. B. A. MAUDSLEY, B.D.S., L.D.S. (*Part-time*)

MRS. J. W. PAUL, L.D.S., R.C.S. (*Part-time*)

MISS M. A. RICHARDSON, B.D.S., L.D.S., R.C.S. (*Part-time*)

G. A. SCIVIER, B.D.S., L.D.S.

P. W. SEWELL, L.D.S., R.C.S.

*Dental Auxiliary :*

MRS. S. E. ENGLAND

*Chief Administrative Officer :*

E. L. EYRE

*Superintendent Health Visitor :*

MISS D. K. NEWINGTON

*Deputy Chief Administrative Officer :*

A. D. H. RIDPATH

*Supervisor of Midwives and Home Nurses :*

MISS D. T. N. COLE

*County Health Inspector  
and Health Education Organiser :*

J. W. KENDALL

*County Home Help Organiser :*

MRS. A. TOMLINSON

*County Transport and Ambulance Officer :*

E. W. DANIELS

*Senior Medical Social Worker :*

MISS E. R. GLOYNE

*Senior Occupational Therapist :*

MISS F. B. SILK

**Part-time officers of the Authority  
and others discharging duties for the Authority**

*County Consultant (diseases of the chest) :*

A. STEPHEN HALL, M.A., M.B., F.R.C.P.

*Physicians (diseases of the chest) :*

Oxford Regional Hospital Board	..	..	..	W. T. BIRMINGHAM, B.A., M.D., B.CH.
				A. STEPHEN HALL, M.A., M.B., F.R.C.P.
				F. S. HAWKINS, M.D.

North West Metropolitan Regional Hospital Board	..	..	..	BRIAN C. THOMPSON, M.A., M.D.
				J. F. HARE, M.B. M.R.C.P.

*Consultant Geriatrician :*

H. CAPLAN, B.A., M.B., B.Chir., M.R.C.S., M.R.C.P.

A. W. HOGG, M.B., Ch.B., M.R.C.P.

*Ophthalmic Surgeons :*

(Part-time services made available by arrangement with the  
North West Metropolitan and Oxford Regional Hospital Boards)

T. S. S. GREGORY, M.B., B.CH., F.R.C.S., D.O.M.S.

R. C. JACK, M.B., B.CHIR., F.R.C.S., M.R.C.S., L.R.C.P., D.O.M.S.

J. MOSS, M.B., Ch.B., D.O.

V. P. PURVIS, M.B., B.S., D.O., D.O.M.S., R.C.P.S.

C. B. V. TAIT, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S., R.C.P.S.



*Part 1*

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LOCAL HEALTH AUTHORITY  
SERVICES

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## SECTION A.—GENERAL STATISTICS FOR THE COUNTY

The area of the geographical and administrative County is 479,411 acres (approximately 749 square miles) and the numbers of private households and private dwellings at the 1961 census were 149,053 and 152,525 respectively, increases over the 1951 census figures of 31.9 and 39.7 per cent.

The rateable value of the County at 1st April, 1965, was £28,573,934 as against £27,984,968 at 1st April, 1964, an increase of just over two per cent.

The estimate of the Registrar General for mid-1964 refers to the home population including members of the armed forces stationed in the area, and amounts to 528,010 compared with 515,920 for 1963. At the 1961 census the total population of the County was 488,233.

Census populations, estimated populations, birth and mortality rates for individual County Districts are quoted in Table (e) of Section H.

### Live Births:

						1963			1964		
						Males	Females	Totals	Males	Females	Totals
Legitimate .. ..	..	..	..	..	..	4,745	4,602	9,347	5,198	4,862	10,060
Illegitimate .. ..	..	..	..	..	..	292	276	568	280	296	576
Totals .. ..	..	..	..	..	..	5,037	4,878	9,915	5,478	5,158	10,636
									1962	1963	1964
Live birth rate per 1,000 population .. ..	..	..	..	..	..				19.2	19.2	20.1
Illegitimate live births per cent of total live births .. ..	..	..	..	..	..				5.3	5.7	5.4
Number of stillbirths .. ..	..	..	..	..	..				144	145	172
Stillbirths rate per 1,000 total live and stillbirths .. ..	..	..	..	..	..				14.6	14.4	15.9
Total live and stillbirths .. ..	..	..	..	..	..				9,858	10,060	10,808
Number of infant deaths (deaths under one year) .. ..	..	..	..	..	..				174	175	178
Infant Mortality Rates:											
Total infant deaths per 1,000 total live births .. ..	..	..	..	..	..				17.9	17.7	16.7
Legitimate infant deaths per 1,000 legitimate live births ..	..	..	..	..	..				18.1	17.1	16.4
Illegitimate infant deaths per 1,000 illegitimate live births ..	..	..	..	..	..				13.7	26.4	22.6
Number of deaths of infants under four weeks .. ..	..	..	..	..	..				121	128	139
Neo-natal mortality rate (deaths under four weeks per 1,000 live births) .. ..	..	..	..	..	..				12.5	12.9	13.2
Number of deaths of infants under one week .. ..	..	..	..	..	..				106	112	120
Early neo-natal mortality rate (deaths under one week per 1,000 live births) .. ..	..	..	..	..	..				10.9	11.3	11.3
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) .. ..	..	..	..	..	..				25.4	25.7	27.0
Number of maternal deaths (including abortion) .. ..	..	..	..	..	..				1	3	4
Maternal mortality rate per 1,000 live and still births .. ..	..	..	..	..	..				0.10	0.30	0.37
Principal causes of death:											
Heart disease .. ..	..	..	..	..	..				1,583	1,657	1,464
Cancer .. ..	..	..	..	..	..				903	930	900
Bronchitis .. ..	..	..	..	..	..				262	267	195
Pneumonia .. ..	..	..	..	..	..				315	378	362
Influenza .. ..	..	..	..	..	..				25	42	3
Tuberculosis—Respiratory .. ..	..	..	..	..	..				21	16	20
Other forms .. ..	..	..	..	..	..				2	3	4
Motor vehicle accidents .. ..	..	..	..	..	..				96	88	86
Accidents in the home .. ..	..	..	..	..	..				33	58	53
Other accidents .. ..	..	..	..	..	..				54	56	54
Total deaths from all causes .. ..	..	..	..	..	..				4,865	5,111	4,617
Death rate per 1,000 population .. ..	..	..	..	..	..				9.6	9.9	8.7

It will be noted above that this year there were four deaths from maternal causes recorded in the County, representing a rate of 0.37 per thousand total live and stillbirths. The rate for England and Wales was 0.25, a new low record.

It is gratifying to report that for the seventeenth year in succession, no deaths from diphtheria occurred in the County.

### Population trend

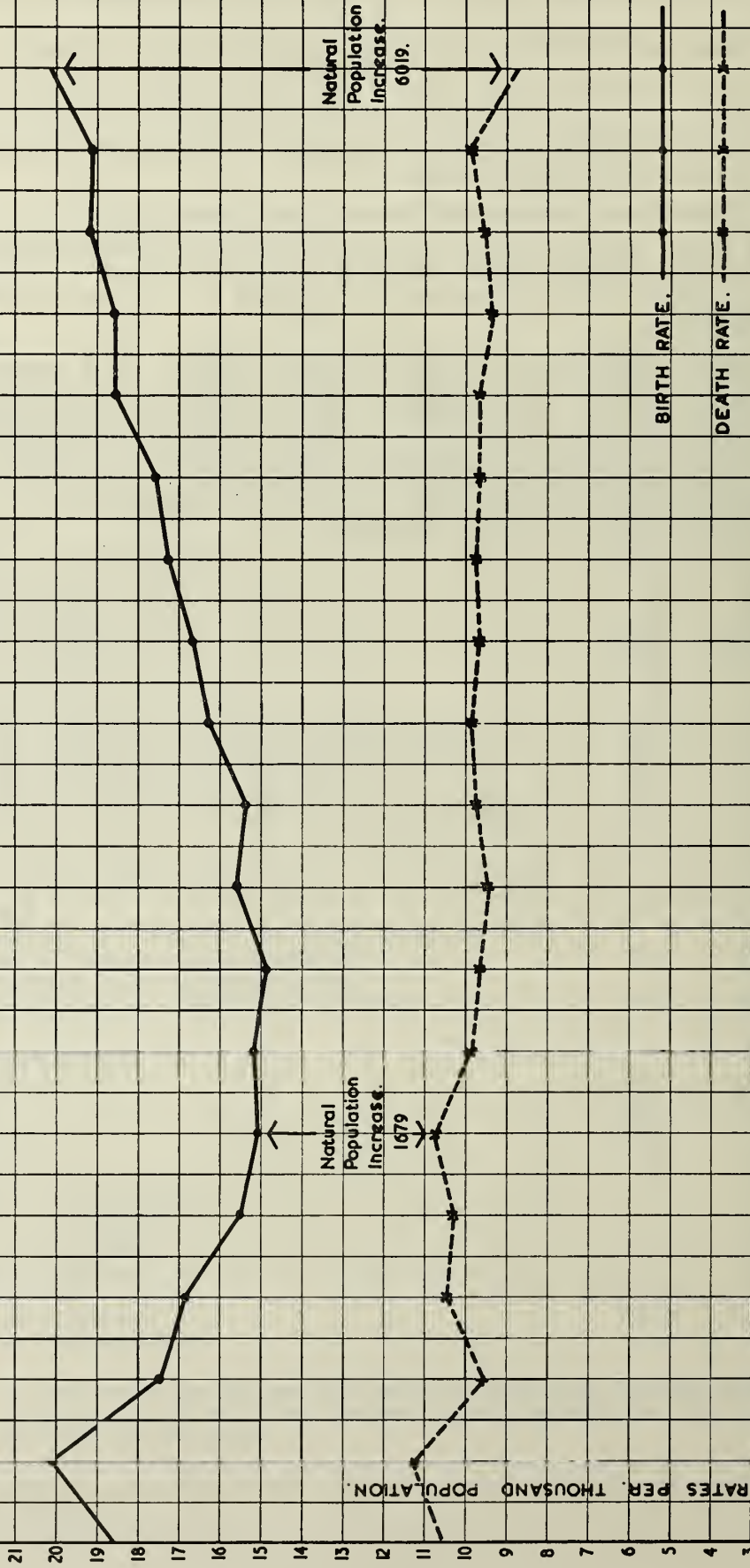
Examination of these statistics shows that the "natural increase" in the population of the County, i.e. the difference between the total live births and the total deaths reached a new peak of 6,019 in 1964. With this in mind it may be of interest to look back at the County's birth and death rates since the end of the Second World War. These rates are shown in the following graph, from which it will be seen that:

- (a) the "bulge" birth rate (20.1 %) of 1947 was equalled in the County in 1964.
- (b) the natural population increase in 1951 was only 1,679 as compared with the figure of 6,019 for 1964.
- (c) the death rate fell below 9 per thousand population in 1964; this low figure had not previously been achieved in post war years.
- (d) the birth rate in the County has been rising quite steadily since 1953.

It will also be seen from the statistics shown above that the infant mortality rate (total infant deaths per 1,000 total live births) has fallen over the last three years, the rate in 1962 was 17.9, in 1963 17.7 and in 1964 16.7. Briefly, this means that more infant lives are being saved whilst more births are taking place.

If this low rate is maintained, and I can see no reason why it should not be maintained, it can be assumed that of the total of 10,636 live births occurring in 1964 some 177 infants will die before they reach the age of one year. This would reduce the natural population increase from 6,019 to 5,842. Such a population increase, ignoring any ordinary transfers into the County, will present very considerable demands on the social services, for it really means adding to the County population in one year a "new" community which is in itself 1,463 greater than the population of the Municipal Borough of Buckingham, and 1,703 greater than the population of the Urban District of Linslade which has of course now been transferred to Bedfordshire.

# COMPARISON of BIRTH and DEATH RATES. PERIOD 1946 - 1964.





**SECTION B.—GENERAL PROVISION OF HEALTH SERVICES**  
**NATIONAL HEALTH SERVICE ACT, 1946**  
**SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN**

**Child Welfare Centres**

The general pattern in the child welfare centres continued as in previous years and the number of children who attended has never been higher. Two new centres were opened and, in all, 23,655 children paid 137,739 visits to 125 centres.

It has long been realised in this County that one of the main functions of the child welfare centres is to ensure that the children who attend are developing to their maximum capacity. When this does not happen the children are referred to the general practitioner or through him to the paediatrician for any treatment which may be required. Once the cause of the failure to mature in the usual way has been determined, the child's progress continues to be noted by the medical officer at the centre, who is becoming increasingly aware of his or her role as a diagnostician of the child's developmental progress.

As part of a pilot scheme, from April, 1964 onwards, the medical officers at the child welfare centres used a record card produced by a working party of the Society of Medical Officers of Health and were able to offer useful comments which led to amendment of the card before it was circulated to public health medical officers throughout the country. The amended card is now used in all child welfare centres in Bucks.

Individual health education by the health visitor is an integral part of the work at the child welfare centres. Occasionally, group discussions arise spontaneously but on the whole, discussions can be difficult to organise in the hurly-burly of a busy child welfare centre session. For this reason, health visitors have started group meetings of mothers of young babies to take place in the evenings when the mothers' clubs meet. In this way, mothers come to listen and take part, uninterrupted by their children, and it is hoped the groups who met together at the ante-natal classes may re-form and go on together to become active members of the mothers' clubs.

In 1964, a new mobile child welfare centre was purchased to replace the one first brought into use in 1951. It is larger throughout and the medical officer's room is designed for use for ante-natal purposes and, should it be required, for the taking of specimens for the pre-symptomatic diagnosis of cervical carcinoma.

To obtain some idea of the quantity of Vitamin D taken by infants and young children, a small survey was undertaken by Dr. I. R. Aldous, Senior Assistant Medical Officer. It was used as part of her dissertation for the D.P.H. examination in July, 1964.

The mothers were seen at the child welfare centres during August and September. All who attended on certain days were included and there was no attempt to select a random sample. The mothers were asked how much of each of the milk and cereal preparations she gave and the type and amount of Vitamin D supplement. At the same time she was asked if she gave Vitamin C supplement and if so in what form. Subsequently, the total daily Vitamin D intake for each child was calculated.

There were 256 children in the survey, 113 aged under one year, 81 aged between one and two years and 62 aged between two and four years. It was found that 61 (54%) of the infants under one year old, 28 (34%) of the children between one and two, and 12 (19%) of the two and three year olds, received the amount of Vitamin D recommended by the Ministry of Health (400-800 I.U. daily). Eight children were receiving more than 800 I.U. daily. Another 9 mothers said they gave Vitamin D supplement during the winter months only.

It is realised that many children thrive with a considerably lower amount than the recommended 400 I.U. daily. One reason for this is that exposure of the child to sunlight compensates for lack of dietary Vitamin D.

In contrast to the Vitamin D intake, 208 (80%) of the children in the survey were being given supplementary Vitamin C.

Following this survey it was decided to allow the sale of a Vitamin D supplement, as well as cod liver oil, at the child welfare centres.

The sale of proprietary infant foods at a reduced price is undertaken by the members of the voluntary committees who are responsible also for ordering the stocks and for keeping the accounts. New products are continually being brought onto the market which had led to a wide variety of foods

being stocked and sold at some clinics. With the increasing number of mothers who come to the centres quite large sums of money change hands every week.

To obtain uniformity throughout the County the County Health Committee decided in June to limit the variety of proprietary foods to be sold to two brands of dried milk, one cereal, one Vitamin C supplement and one Vitamin D supplement, thereby enabling mothers to purchase the foods they might need at a reduced price and at the same time preventing the difficulties which might arise from the buying, storing and selling of large quantities of these foods. In this connection the members of the voluntary committees give stalwart service which is much appreciated.

During the year two meetings for members of the voluntary committees were held. A request had been received for these meetings to be addressed by a consultant psychiatrist and the subject chosen was the normal growing-up difficulties of the under-fives. Dr. M. I. Pott addressed the meeting at High Wycombe and Dr. E. M. Booth the meeting at Bletchley. Both were well attended and were much enjoyed.

Once again it is my pleasure to record my thanks to all the voluntary helpers at the child welfare centres who give so generously of their time and energy.

The following table gives particulars of the attendances at the child welfare centres operating during the year, corresponding figures for the previous year being shown in parentheses:—

	<i>Permanent</i>		<i>Mobile</i>		<i>Voluntary</i>		<i>Total</i>	
(1) Centres operating at end of year .. .. .	105	(103)	17*	(17)*	3	(3)	125	(123)
(2) Times centres opened ..	3,259	(3,067)	205	(170)	60	(57)	3,524	(3,294)
(3) Attendances by Medical Officers .. .. .	2,220	(2,223)	205	(170)	14	(33)	2,439	(2,428)
(4) Examinations by the Medical Officer .. .. .	34,095	(29,728)	1,993	(2,140)	122	(180)	36,210	(32,048)
(5) Number of children referred by Medical Officer elsewhere .. .. .	308	(340)	6	(8)	—	(—)	314	(348)
(6) Children who attended during the year and who were born in—								
(a) 1963 .. .. .	7,692	(7,301)	281	(268)	90	(90)	8,063	(7,659)
(b) 1962 .. .. .	7,416	(6,750)	256	(234)	111	(82)	7,783	(7,066)
(c) 1958-1961 ..	7,294	(6,265)	447	(486)	68	(32)	7,809	(6,783)
(7) Total number of children who attended during the year .. .. .	22,402	(20,316)	984	(988)	269	(204)	23,655	(21,508)
(8) Attendances during the year made by children born in—								
(a) 1963 .. .. .	53,144	(48,992)	981	(966)	410	(444)	54,535	(50,402)
(b) 1962 .. .. .	54,243	(46,192)	1,140	(1,038)	653	(574)	56,036	(47,804)
(c) 1958-1961 ..	25,659	(21,398)	1,238	(1,299)	271	(92)	27,168	(22,789)
(9) Total attendances during the year .. .. .	133,046	(116,582)	3,359	(3,303)	1,334	(1,110)	137,759	(120,995)

\*Seventeen half-day sessions each month covering 49 villages.

### Distribution of Welfare Foods

At the end of the year, welfare foods were being sold at 133 distribution centres, of which 93 were held in conjunction with child welfare centres. These foods were also available from the mobile child welfare clinic which made monthly visits to 49 villages.

The following summary of the issues of welfare foods during the year under review (figures for 1963 being shown in parentheses) is interesting in that it shows an increase during the year in the sale of National Dried Milk (full cream) and of orange juice but decreases in the sale of all the other foods; during 1963 there were increases in the sales of all the foods with the exception of National Dried Milk (full cream):—

National dried milk—full cream .. .. .	47,245	tins	(42,503)
National dried milk—half cream .. .. .	572	tins	(649)
Cod liver oil .. .. .	10,568	bottles	(11,484)
Vitamin tablets .. .. .	12,933	packets	(13,616)
Orange juice .. .. .	165,828	bottles	(146,041)



These sales were again arranged with the co-operation of the Women's Voluntary Service, the British Red Cross Society and the Women's Institutes. The invaluable help given by all the voluntary helpers, some of whom have rendered this particular service to the Council since it was taken over by the local authority, was appreciated, and it made paid part-time clerical help necessary at only two distribution centres in the County.

### Ante-natal and Post-natal Care

As the majority of confinements during the year were booked to take place in hospital maternity units or maternity homes, most of the ante-natal and post-natal work was undertaken at specialist ante-natal clinics administered by the Hospital Management Committees and by general medical practitioners. There were, however, thirteen midwives ante-natal clinics operating at the end of the year and in all, 2,072 mothers attended. Of these mothers, 118 received post-natal examinations.

The training of expectant mothers in mothercraft, relaxation and correct breathing technique, in preparation for confinement was again undertaken by many domiciliary midwives and health visitors. A total of 1,374 classes were held during 1964 compared with the total of 1,316 during 1963.

### Maternity Accommodation

Applications for Maternity Beds which are made for social or domestic reasons are, except in the North Bucks area, submitted to me, by arrangement with the Hospital Management Committees concerned. Each application is investigated and recommendations are made to the appropriate officers appointed by the Management Committees, which are based on the health visitor's report after she has made a home visit. In this way every effort is made to ensure that the best use is made of all available maternity beds.

During the year, health visitors carried out the following investigations in three health areas. (Corresponding figures relating to 1963 are shown in parentheses)

South Bucks Area .. .. .	2,260	(2,140)
Wycombe Area .. .. .	1,235	(1,176)
Aylesbury Area .. .. .	593	(554)

All maternity bookings in the North Bucks Area are undertaken by the Matron of the Westbury Maternity Home, Newport Pagnell.

### Congenital Malformations

Since January 1st, 1964, in accordance with Ministry of Health requirements, all congenital malformations recognised at birth have been recorded on the birth notification card and a central register of these defects has been kept.

During the year, 211 defects were reported, affecting 177 infants. This gives a rate of observed malformation of approximately 16 per 1,000 live and still births. In severity, the defects ranged from minor birthmarks to gross malformations incompatible with life. The largest and most important group comprises the major defects of the central nervous system; of the 53 infants born with this type of malformation, 35 were stillborn and 3 have since died.

The progress of all surviving infants on this register is being followed up as necessary.

### Premature Births

The following summary gives details of both premature live-births and premature still-births occurring during 1964, the corresponding figures for the previous year being shown in parentheses:

#### Premature Live Births

(a) In Hospital .. .. .	525	(463)
(b) At Home or in Private Nursing Homes	46	(94)
	<hr/> 571	<hr/> (557)

#### Premature Still Births

(a) In Hospital .. .. .	106	(71)
(b) At Home or in Private Nursing Homes	18	(2)
	<hr/> 124	<hr/> (73)

(Note : A Premature birth is defined as one weighing 5½ lbs. or less, irrespective of the period of gestation).

It will be seen from these figures that the total of these births was 65 in excess of the total for the previous year and it may be of interest to point out that there has been an upward trend in these figures for the past eight years, when the total premature live and still-births were as follows:

1957—470 ; 1958—494 ; 1959—526 ; 1960—560 ; 1961—590 ; 1962—615 ; 1963—630 ; 1964—690.

On first glance the figures suggest a deterioration in the problem of premature births but if they are looked at alongside the yearly birth totals the opposite is the case; the total of premature births in 1957 was 6.7% of the total births occurring to mothers ordinarily resident in the County, during that year. The premature births in 1964 were 6.6% of the total births. This suggests a slight but welcome overall improvement.

Where premature births occurred at home, midwives were required to seek immediate advice and any necessary assistance from the County Supervisor of Midwives and special portable heated cots and an infant oxygen tent were available for use in nursing premature infants at home. When necessary, arrangements were made to transfer premature babies to hospital.

Health visitors continued to pay particular attention to the care of premature babies when the responsibility of the midwife ceased at the end of the lying-in period. They also continued to maintain close liaison with maternity departments of hospitals and with maternity homes in order to obtain early information of the discharge of children to their own homes and of any special care needed.

Health visitors again co-operated with the Consultant Paediatrician for Mid-Bucks in a follow-up of premature babies up to 5 lbs. in weight. During the year, visits were made by health visitors to 158 of these babies who had reached the age of six months and special progress reports were forwarded to the Consultant Paediatrician.

Detailed information of survival related to birth weights for all premature live births including those occurring in hospitals is shown in the following table, along with details of the weights of premature still births:—

	WEIGHT AT BIRTH					TOTAL
	2lb. 3ozs. or less	Over 2lb. 3ozs. up to and including 3lb. 4ozs.	Over 3lb. 4ozs. up to and including 4lb. 6ozs.	Over 4lb. 6ozs. up to and including 4lb. 15ozs.	Over 4lb. 15ozs. up to and including 5lb. 8ozs.	
<b>Premature live births</b>						
Born in Hospital—						
Died within 24 hours of birth	20	17	5	4	1	47
Died aged 1-7 days .. ..	1	8	11	3	3	26
Died aged 7-28 days .. ..	1	—	—	—	2	3
Survived 28 days .. ..	10	24	85	86	244	449
<b>TOTAL ..</b>	<b>32</b>	<b>49</b>	<b>101</b>	<b>93</b>	<b>250</b>	<b>525</b>
Born at Home or in a Nursing Home and nursed entirely there:						
Died within 24 hours of birth	—	—	—	—	—	—
Died aged 1-7 days .. ..	—	—	1	—	—	1
Died aged 7-28 days .. ..	—	—	—	—	—	—
Survived 28 days .. ..	—	—	2	5	38	45
<b>TOTAL ..</b>	<b>—</b>	<b>—</b>	<b>3</b>	<b>5</b>	<b>38</b>	<b>46</b>
Born at Home or in a Nursing Home and transferred to Hospital:						
Died within 24 hours of birth	—	1	—	—	—	1
Died aged 1-7 days .. ..	—	—	—	1	3	4
Died aged 7-28 days .. ..	—	—	—	—	—	—
Survived 28 days .. ..	—	1	2	3	7	13
<b>TOTAL ..</b>	<b>—</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>10</b>	<b>18</b>
<b>Premature stillbirths</b>						
Born in Hospital .. ..	16	30	22	11	19	98
Born at Home or in a Nursing Home .. ..	2	3	2	1	—	8
<b>TOTAL ..</b>	<b>18</b>	<b>33</b>	<b>24</b>	<b>12</b>	<b>19</b>	<b>106</b>

## Nurseries

### (i) Day Nurseries

At the end of December, 1964, there were 23 children on the register of the Manor Park Day Nursery, Slough, which is the only day nursery maintained by the County Council. The average daily attendance at this nursery, which provides 35 places, was 18 as compared with the average of 19 throughout 1963.

The arrangements whereby financial responsibility for the maintenance of children who are in the priority classes for day nursery admission resident in this County but attending a day nursery maintained by the Middlesex County Council, continued during the year, and one child from Buckinghamshire was attending the Uxbridge Day Nursery at 31st December, 1964.

### (ii) Residential Nurseries and Children's Homes

The arrangements whereby Medical Officers of the County Health Department undertake the medical supervision of nurseries and children's homes maintained by the Children's Committee continued during 1964. The following establishments were supervised:—

	Capacity of Homes
Aylesbury Area:	
23 Walton Road, Aylesbury .. .. .	10
The Orchard, 25 Walton Road, Aylesbury .. ..	16
1a Churchill Avenue, Aylesbury .. .. .	9
65 Priory Crescent, Aylesbury .. .. .	8
South Bucks Area:	
Crosfield House, Gerrards Cross .. .. .	18
Manor Lodge, 2a Mildenhall Road, Slough .. ..	18
Brookside Nursery, 103 Bath Road, Slough .. ..	24
Elmside Boys' Hostel, Slough .. .. .	10
Stow Lodge, Oval Way, Gerrards Cross .. ..	11
Bilby House, 55 Langley Road, Slough .. ..	8
"Brondeg," 320 Stoke Poges Lane, Slough .. ..	9 (Opened March, 1965)
Wycombe Area:	
Bledlow Homes—South Wing and Aylesbury House	31
Jasmine House .. .. .	18
The Mount, Little Kimble .. .. .	16
292 Micklefield Road, High Wycombe .. ..	9
North Bucks Area:	
5 Surrey Road, Bletchley .. .. .	10 (Opened February, 1964)

Medical Officers of the Department examine all children on admission to residential nurseries and children's homes and at intervals afterwards and carry out vaccination and immunisation where necessary. They also advise on general hygiene, supervise diets and feeding, arrange the medical examination of the staff (including periodic X-ray examination) and furnish medical reports on children about to be boarded out or adopted.

### Care of Illegitimate Children

During the year under review, a total of 117 unmarried mothers were admitted to suitable mother and baby homes. Arrangements in respect of 11 cases were made by the Northampton Diocesan Catholic Child Protection and Welfare Society and the remaining 106 under arrangements made by the Oxford Diocesan Council for Moral Welfare who undertake this work for the County Council on an agency basis.

Financial assistance, consisting of the ascertained cost of maintenance at selected mother and baby homes, less each girl's contribution from insurance and various other sources, for a period of six weeks before and eight weeks after confinement is made available in approved cases.

An annual grant is paid to the Oxford Diocesan Council in consideration of the case work undertaken by the moral welfare workers employed by them. In addition, one health visitor with special training and experience in moral social welfare continued to share her duties in the North Bucks Health Area between health visiting and moral welfare case work.

Close co-operation is maintained between health visitors and moral welfare workers in order to ensure the adequate supervision of illegitimate children following discharge from mother and baby homes.



## Infant Deaths

There were 10,808 births, including 172 stillbirths, to Buckinghamshire residents during 1964, as compared with a total of 9,972 births during 1963.

Comparative infant death rates over the past three years and the causes of death are set out in the following tables:—

YEAR	Rate per thousand live births			Rate per thousand live and stillbirths		
	Infant Deaths 0-12 months	Neo-natal deaths (under 4 weeks)	Deaths 1-12 months	Stillbirths	Peri-natal deaths, (stillbirths and deaths under 1 week)	Total stillbirths and Infant Deaths
1962	17.9	12.5	5.4	14.6	25.4	32.6
1963	7.7	12.9	4.8	14.4	25.7	31.8
1964	16.7	13.2	3.5	15.9	27.0	32.4

### INFANT DEATHS 1964

Cause of Death	Stillbirth	Deaths up to one week	Deaths 8-28 days	Deaths 1-12 months	Total Infant Deaths
Prematurity only .. ..	4	35	—	1	36
Congenital malformation ..	37	13	10	15	38
Anoxia and birth injury ..	20	68	2	2	72
Rhesus Incompatibility ..	9	2	—	—	2
Infections .. .. .	—	5	2	8	15
Accidents .. .. .	—	—	—	7	7
Hypothermia .. .. .	—	—	—	—	—
Post Maturity .. .. .	—	—	—	—	—
Misplacement of cord ..	10	—	—	—	—
Placental insufficiency ..	38	—	—	—	—
Other causes .. .. .	9	1	1	3	5
Causes not ascertained ..	45	—	—	—	3
TOTAL ..	172	124	15	36	178

## Dental Treatment of Expectant and Nursing Mothers and Young Children

In 1964 the numbers of mothers and pre-school children who were inspected and treated at the County's dental clinics were greater than in previous years.

A larger amount of conservative dentistry was done for both of these groups of patients. Parents are becoming more aware of the importance of a dental inspection at about the age of three years, before extensive caries can develop and extractions are unavoidable.

The patients were referred chiefly from the ante-natal and child welfare clinics and as well as treatment a number of illustrated talks were given to mothers on the importance of good dental health, both for themselves and for their young children.

There was not as great a demand for treatment as might have been expected, as many of these patients were receiving regular dental treatment from practitioners in the general dental service. It was, however, gratifying to see more mothers bringing their children for treatment at an early age as the value of conserving the deciduous dentition is realised.

(Table (i) on page 77 gives details of the treatment provided for expectant and nursing mothers and young children during the year).

## SECTIONS 23 AND 25.—MIDWIFERY AND HOME NURSING SERVICES

### Staff

During 1964 the number of full-time staff was maintained at the same strength as in 1963 but it was possible to increase the number of part-time nurses, of whom there were 33 at the end of the year, compared with 27 at the end of the previous year. The twenty members of the full-time staff who resigned were replaced but it was not possible to fill the post of Assistant Superintendent in Slough where the vacancy has existed for nine months.

Of the twenty resignations two were due to marriage, three on account of the husband's change of work, five for domestic reasons, one for health visiting duties in this County, three for midwifery training, three for work abroad and three for posts with other authorities. In addition to these resignations of full-time members of the staff, 13 part-time nurses also resigned.

Two additional male nurses were recruited to the staff during the year, bringing the total number employed in the County to six. Three male nurses work in Slough, two in Aylesbury and one in High Wycombe. It is hoped that, when housing accommodation becomes available in High Wycombe, another male nurse will be recruited to work there.

On December 31st, 1964, the staffing position was as follows:—

#### *Full-time :*

Supervisor of Midwives and Home Nurses	..	..	..	1
Deputy Supervisor of Midwives and Home Nurses		..	..	1
Assistant Supervisor of Midwives and Home Nurses		..	..	2
Superintendents of Nurses' Homes	..	..	..	2
District Nurse/Midwife/Health Visitors	..	..	..	15
Domiciliary Midwives	..	..	..	6
District Nurse/Midwives	..	..	..	89
District Nurses (female)	..	..	..	13
District Nurses (male)	..	..	..	6

#### *Part-time*

Domiciliary Midwives	..	..	..	..	..	..	..	4
District Nurse/Midwives	..	..	..	..	..	..	..	13
District Nurses	..	..	..	..	..	..	..	16

### Summary of work undertaken by Administrative Nursing Staff

Routine visits to District Nurse/Midwives	..	..	..	..	310
Contact visits with District Nurse/Midwives and other public health workers	..	..	..	..	71
Special visits	..	..	..	..	100
Interviews	..	..	..	..	51
Committees and conferences	..	..	..	..	81
Talks and discussions	..	..	..	..	105
Staff Group Meetings	..	..	..	..	22
Teaching rounds	..	..	..	..	49
Maternity Units visited	..	..	..	..	7
Nursing Homes	..	..	..	..	11
Nursing Agency	..	..	..	..	1
Independent Midwives	..	..	..	..	6
Nursing Relief—number of days	..	..	..	..	81
Nursing Relief visits additional to above	..	..	..	..	200
Injections given at Nurses Home	..	..	..	..	293
Ante-natal Groups	..	..	..	..	8
Students	..	..	..	..	3

### Statistics relating to the work of the domiciliary nursing staff

#### *Midwifery*

					1964
					<i>Cases</i> <i>Visits</i>
Ante-natal	..	..	..	..	33,918
Deliveries	..	..	..	..	3,064 54,976
Hospital discharges	..	..	..	..	2,380 22,093
Post-natal	..	..	..	..	708
Supervisory	..	..	..	..	6,989

		1964	
<i>General Nursing</i>		<i>Cases</i>	<i>Visits</i>
Total number of patients .. .. .		9,997	232,670
Of the } above	Number of patients 65 years of age and over	5,241	140,253
	Number of patients under 5 years of age ..	426	2,148
Total number of visits to all patients ..			351,354

## Midwifery

There was a very substantial increase in the number of confinements during the year, and these exceeded 10,000 for the first time. The birth rate of 20.1 per cent was exactly the same as the rate for the "bulge year" of 1947.

The total number of mothers delivered was 10,591 and of these, 7,518 were delivered in hospital and 3,073 in their own homes. Of the home confinements, nine were carried out by private midwives.

The increase of 559 hospital confinements coupled with the fact that there was no increase during the year in the number of hospital beds available for midwifery cases made it inevitable that more mothers should be discharged early. The total of 2,380 mothers discharged early from maternity hospitals was 605 more than the figure for 1963.

The following table shows that once again the usual pattern was presented with the highest number of discharges taking place on the second and third days after confinement:—

<i>Day of Discharge</i>	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	<i>4th</i>	<i>5th</i>	<i>6th</i>	<i>7th</i>	<i>8th</i>	<i>9th</i>	<i>10th</i>	<i>Total</i>
1963	163	574	256	138	111	127	128	182	61	32	1,775
1964	221	669	378	141	139	178	202	230	139	83	2,380

## Obstetric Flying Squad

This service was brought into action in 38 cases of domiciliary confinement. Responses to calls were made by Canadian Red Cross Hospital—17, Amersham Hospital—4, Royal Buckinghamshire Hospital—10, Barratt Maternity Home—6, Upton Hospital—1. Emergencies which made the calls necessary were: Ante-Partum Haemorrhage—1, Abnormal Presentation—2, Post-Partum Haemorrhage—16, Retained Placenta—14, Undiagnosed Twins—1, Delay in third stage of labour—2, Miscarriage—1, Severe Cerebral Symptoms in the infant—1.

## Resuscitation of the Newborn Infant

In 68 instances the sparklett apparatus carried by the domiciliary midwives was used to administer oxygen to infants. The premature baby Flying Squad for the transport of small infants to hospital was called out twice; one call was made to the Royal Buckinghamshire Hospital and the other to the Barratt Maternity Home.

Only three times was the heated cot used in the care of babies at home. Parents appear to be more aware of the need for a consistently warm room; this together with improved methods of heating and less severe weather conditions contributed to the reduction in the number of calls for this particular piece of equipment.

## Analgesia

The number of trilene machines purchased during the year brought the total in use to 23. Although trilene was administered to 51 more mothers than in the previous year this does not account for the decrease of 145 in the number of mothers who had gas and air analgesia. Perhaps the prophylactic method of preparation for childbirth is gaining support and may account for the difference.

Analgesia was administered as follows:—

	<i>Pethidine or Pethilorfan</i>	<i>Gas and Air</i>	<i>Trilene</i>
1963	1,549	1,993	718
1964	1,583	1,848	769



## **Maternity Liaison Committee**

Throughout the year, six meetings were held, two in each of the hospital groups. The subjects discussed were standard co-operation cards, selection of bookings for hospital confinement, general practitioner units and the perinatal survey of 1958. As a result of discussion on the survey it was agreed to set up Sub-Committees to study perinatal mortality to see if anything can be done to reduce the rate for the area and to keep mortality and residual disability among the survivors of the perinatal period to a minimum.

## **General Nursing**

The overall picture which our statistics shows is a decrease of 1,373 patients nursed and 7,823 less visits than in 1963. The number of patients over the age of 65 attended fell by 640 but the visits increased by 8,849. It is clear that the rising curve of demand for regular nursing visits to the elderly will increase and is the major factor in any assessment of the future staffing needs of the home nursing service.

Visits to children under five during the year showed a further decrease; in all, 2,148 visits were made to 426 children. This seems to be due to the continuing improvement in standards of health and maternal care, and to the increasing practice of administering drugs orally rather than by injection.

## **Geriatric Care**

The District Nurses were informed of the danger of hypothermia in the elderly and asked to use low reading thermometers when taking the temperature of elderly people. Adults who suffer from the condition are usually senile, or handicapped for instance by such diseases as disseminated sclerosis or Parkinson's disease. An awareness of the social conditions which contribute to hypothermia is essential for prevention. Inadequately heated bedrooms and kitchens, unsuitable clothing and bed-clothes which restrict movement, malnutrition or alcoholism might lead one to suspect the condition to which persons living alone are particularly vulnerable.

## **Voluntary Aid**

Members of the British Red Cross Society and St. John Ambulance Brigade visited 18 households in response to requests by district nurses, a total number of 82 visits being made.

## **Incontinent Pads and Laundry Service**

Provision of incontinent pads to the doubly incontinent elderly and handicapped continued during the year. The problem of disposal has only arisen once and the recommended method by burning seems the most practical. In smokeless zones this presents a difficulty and the method used is the collection in a wet strength bag for removal by refuse collectors.

St. John's, Amersham and High Wycombe Hospitals continued to provide facilities for the laundering of the bed linen of incontinent patients nursed at home. Extension of the service has not been possible owing to difficulties with transport and the inability of other hospitals to meet more than their own needs.

## **Marie Curie Day and Night Service**

Expenditure in connection with this service amounted to £3,034 19s. 11d. Donations to the value of £43 15s. 0d. were received. Nurses in this County on the register of the Marie Curie Memorial Foundation numbered 25 at the end of the year; there were four resignations and six appointments.

A total of 74 patients were attended for varying lengths of time. It has been necessary for the Foundation to limit the expenditure for a particular patient. Should this limit need extending, each such case is referred to the Foundation and on the rare occasions when this has occurred the Foundation has agreed to a further extension after receiving a report. There is no doubt the service is a means of providing great comfort and support to both relations and patients.

## **Post Certificate Education**

Attendance at various refresher courses was arranged for 37 members of staff. Of these, 27 were compulsory for midwives, in accordance with Rule G.1 of the Central Midwives Board; four others attended a course on Relaxation and Parentcraft teaching arranged by the Royal College of Midwives; five district nurses, of whom one was a male nurse, attended courses arranged by the Queen's Institute of District Nursing. The post graduate course arranged by the Association of Supervisors of Midwives was attended by the High Wycombe Area Supervisor of Midwives and District Nurses; the theme of the course was perinatal and neonatal mortality.

### In-service Training

Study days on rehabilitation of the elderly, commenced in the Autumn of 1963, were brought to a conclusion in the Spring with a lecture given by the Consultant Geriatrician, and a Ward Sister from Stoke Mandeville Hospital.

### Training and Post Graduate Experience

*District Nurse Training* : Seven nurses obtained the National Certificate of District Nursing. There were none in training at the end of the year, but four had been accepted for the course commencing January, 1965.

*Student Nurses* : Eighty Five visited with district nurses on their rounds. The students came from the Aylesbury Group of Hospitals, High Wycombe and Amersham, Princess Mary's R.A.F. Hospital, Halton, Canadian Red Cross and Upton Hospitals.

*Student District Nurses* : Eight students spent three days each with District Nurse/Midwife/Health Visitors to gain an insight into rural conditions. They were sent from the Ranyard Nurses, Leicester, Oxford and Hackney Training Centres.

*Pupil Midwives* : Of the forty-five pupils who completed their training—36 were successful in qualifying as midwives. Eleven were still in training at the end of the year. One month's domiciliary experience was provided for two Australian Midwives to enable them to qualify for enrolment in this country. One of the latter is now on the staff for a temporary period.

### Notification by Midwives of Intention to Practice

#### *Institutional*

Employed in hospital	..	..	..	..	..	..	114
Employed in nursing homes	..	..	..	..	..	..	10

#### *Domiciliary*

Employed by Local Authority	..	..	131	full-time	11	part-time
Engaged in private practice	..	..	38	(23 employed in Regional Hospital Board's Maternity Units)		

From these notifications, details of which are sent annually to the Central Midwives Board, the roll of practising midwives is prepared.

## SECTION 24.—HEALTH VISITING

### Staff

As in recent years it was difficult, during 1964, to meet the Health Visiting needs of the community with the limited staff available.

The staffing position at the end of the year was as follows:—

Superintendent Health Visitor	..	..	..	..	..	..	1
Deputy Superintendent Health Visitor	..	..	..	..	..	..	1
Area Superintendent Health Visitors	..	..	..	..	..	..	3
Full-time Health Visitors	..	..	..	..	..	..	50
Part-time Health Visitors (equivalent to 2.7 full-time)	..	..	..	..	..	..	5
Moral Welfare Worker/Health Visitor	..	..	..	..	..	..	1
District Nurse/Health Visitors (equivalent to 5 full-time)	..	..	..	..	..	..	15
Full-time Tuberculosis Health Visitor	..	..	..	..	..	..	1
Chest Clinic Sister	..	..	..	..	..	..	1
School Health Assistants (Part-time)	..	..	..	..	..	..	21
Student Health Visitors in training	..	..	..	..	..	..	8

Of the 15 District Nurse/Health Visitors, 14 hold their Health Visitor's Certificate.

The Chest Clinic Sister is engaged in technical nursing duties only.

All health visitors undertake school nurse's duties in the School Health Service.

During the year, one Health Visitor retired, whilst four full-time and two part-time Health Visitors resigned. It was found that the result of recruitment by advertisement was negligible and that the only reliable means of recruitment is through our own Student Health Visitor training scheme.

In July, four of our trainees qualified and entered the service in August; three as full-time Health Visitors and one working in a generalised post. Married women working in a part-time capacity continued to render a very valuable service.

It was possible to fill the eight student vacancies and they started on their nine month course in September.

### Statistics

The following table gives some indication of the work carried out by the Health Visitors; corresponding figures for 1963 being shown in parentheses:—

#### CASES VISITED FOR FIRST TIME DURING 1964

<i>Expectant Mothers</i>	..	..	..	..	..	..	4,351	(4,164)
<i>Children under Five Years</i>								
Children born in 1964	..	..	..	..	..	..	11,285	(10,263)
Children born in 1963	..	..	..	..	..	..	7,914	(7,476)
Children born in 1959-62	..	..	..	..	..	..	14,415	(13,302)
<i>Care of the Aged</i>								
Persons aged 65 or over	..	..	..	..	..	..	1,752	(1,970)
No. of these visited at special request of general practitioner or hospital	..	..	..	..	..	..	630	(630)
<i>Mental Health</i>								
Mentally disordered persons	..	..	..	..	..	..	167	(86)
No. of these visited at special request of general practitioner or hospital	..	..	..	..	..	..	53	(33)
<i>Hospital After Care</i>								
Persons discharged from hospital (other than Mental Hospital)	..	..	..	..	..	..	189	(223)
No. of these visited at special request of general practitioner or hospital	..	..	..	..	..	..	127	(158)
<i>Infectious Diseases</i>								
No. of tuberculous households visited	..	..	..	..	..	..	501	(530)
No. of households visited on account of other infectious diseases	..	..	..	..	..	..	63	(66)

#### TOTAL VISITS

Children under 5 years of age	..	..	..	..	..	..	77,188	(68,939)
All other visits	..	..	..	..	..	..	20,544	(20,005)
Ineffectual visits	..	..	..	..	..	..	13,680	(11,735)



Again the increase in the birth rate is reflected in the Health Visitor's return of visits to babies born in 1964; this exceeds the number of visits in 1963 by 1,022. In many of our rapidly increasing housing estates this accounts for a large percentage of the Health Visitors home-visiting time, as also does her work in relation to the children of immigrants with the many problems these families are faced with in their new environment.

The total visits made by Health Visitors to mentally disordered persons during the year was nearly double the total for 1963; some of these visits were made at the specific request of general medical practitioners, hospitals and others, but many of the cases came directly to the notice of the Health Visitor during routine day-to-day visiting in her area. Where necessary, these cases were referred to "specialist workers."

Apart from home visiting which should still be considered of primary importance in the Health Visitors work she has many other duties to undertake which are given below in table form.

## Other Work

### *Ante-natal Mothercraft and Relaxation Classes*

Number attended for first time:

Institutional booked	..	..	..	..	..	1,240	(1,109)
Domiciliary booked	..	..	..	..	..	594	(581)

### *School Health Service*

No. of sessions	..	..	..	..	..	1,034	(1,110)
No. of cases visited	..	..	..	..	..	1,878	(1,942)

### *Detection of Deafness*

No. of screening tests	..	..	..	..	..	725	(27)
No. of audiometry tests	..	..	..	..	..	682	(490)

<i>Phenylketonuria</i> No. of tests	..	..	..	..	..	9,332	(8,326)
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### *Hospital Liaison*

Maternity	..	..	..	..	..	240	(244)
Paediatric	..	..	..	..	..	83	(63)
Geriatric	..	..	..	..	..	41	(73)
Other	..	..	..	..	..	33	(38)

<i>Surveys</i> No. completed	..	..	..	..	..	18	(8)
------------------------------	----	----	----	----	----	----	-----

### *G.P. Liaison*

No. of consultations at surgery	..	..	..	..	..	1,742	(1,137)
Other sessional work	..	..	..	..	..	53	(175)

## Fixtures

Child Welfare Centres	..	..	..	..	..	5,190	(3,880)
Mothers' Clubs	..	..	..	..	..	323	(387)
Group Teaching	..	..	..	..	..	1,349	(1,124)
Chest Clinic	..	..	..	..	..	710	(683)

The demand for relaxation and parentcraft teaching sessions for expectant parents is as keen as ever. The number of mothers attending these classes may not appear to be very large but when one considers that this type of teaching must be given to small groups (eight—ten) and that each mother attends approximately six sessions, it does account for quite a lot of teaching time.

Following an In-service Training Course for Health Visitors at Missenden Abbey in April on the detection of deafness in young children, the number screened during the remainder of the year amounted to 725.

The Phenylketonuria test which is a means of detecting a mental disease in the Infant is carried out by the Health Visitor either during her home visits or at the Child Welfare Centre.

## General Practitioner and Health Visitor Liaison

The consolidation and extension of this service went on steadily during the year and by 31st December, 1964, twenty-two Health Visitors were working within the scheme. Marlow, Datchet and one practice in Slough were included during 1964.

It is now four years since we first started our routine Health Visitor/General Practitioner link in Aylesbury and as we have continued to develop and consolidate this approach to the Health Visiting

pattern, the fundamental principles have changed little. They are few and simple. First we have found that the period of preparation cannot be rushed. Time is well repaid by having discussions with the General Practitioners in an area under review, and this has resulted in full agreement by all the groups concerned. At the same time the Health Visitors need time to anticipate the changes which will occur in the re-planning of their work.

When this step is complete, arrangements go forward quickly. A time is arranged for each Health Visitor to meet her General Practitioner for consultation at a regular time each week. Health Visitors still retain their office and work together as a group. Case loads are related to the Doctors lists and area allocation is discontinued within the area. From now on the scheme develops under mutual arrangement between Health Visitor and General Practitioner.

Of the twenty-two Health Visitors at present in the scheme, only nine work a case load compiled entirely from their General Practitioner's lists. The other thirteen retain a small outside area. This is a matter of expediency due to the shortage of Health Visitors.

### Health Assistants

Many of the routine and technical tasks closely linked with the Health Visitors are undertaken by Health Assistants. At the end of the year, twenty-one part-time Health Assistants were employed. The table below gives a summary of the sessions undertaken by them; the corresponding figures for 1963 being shown in parentheses:—

School Health Service							
School Medical Inspections	..	..	..	..	..	1,358	(1,280)
Health Surveys	..	..	..	..	..	655	(601)
Weighing and Measuring	..	..	..	..	..	27	(78)
Vision Testing	..	..	..	..	..	508	(464)
Ophthalmic Clinics	..	..	..	..	..	24	(34)
Minor Ailments	..	..	..	..	..	3	(9)
Audiometry Clinics	..	..	..	..	..	24	(9)
Vaccination and Immunisation							
Diphtheria	..	..	..	..	..	22	(25)
Poliomyelitis	..	..	..	..	..	108	(142)
B.C.G.	..	..	..	..	..	111	(112)
Child Welfare Centres	..	..	..	..	..	812	(698)
Chest Clinics	..	..	..	..	..	97	(88)
Clerical	..	..	..	..	..	648	(612)
Home Visiting Sessions	..	..	..	..	..	26	(61)

The major part of Health Assistants' work is within the school health service, although an increase can be noted in the number of Child Welfare Centre sessions they have attended.

## SECTION 26.—VACCINATION AND IMMUNISATION

### Vaccination against Smallpox

Reference was made in my report for 1963 to the decrease in the number of vaccinations carried out. It was thought that this was due almost wholly to the decision to delay the offer of vaccination until the second year of life instead of during the first year as was the practice in the past, and that the overall position would return to normal during 1964.

The improvement in the overall position during last year is shown in the following table; the corresponding figures for 1963 being shown in parentheses:—

	0-3 months	3-6 months	6-9 months	9-12 months	Age 1 year	2-4 years	5-14 years	15 and over	Total
Number vaccinated	275 (395)	394 (743)	288 (290)	352 (218)	3,318 (627)	343 (155)	131 (236)	12 (28)	5,113 (2,642)
re-vaccinated	— (—)	— (—)	— (—)	— (—)	7 (6)	69 (63)	199 (240)	8 (15)	283 (324)

These vaccinations and re-vaccinations were undertaken mainly by general medical practitioners at their own surgeries or at special sessions; the facilities for vaccination provided at the larger child welfare centres were however, appreciated by the mothers concerned.

### Vaccination against Poliomyelitis

The following details give an indication of the work undertaken in this particular field during 1964:—

	Numbers vaccinated		Total
	Course of two injections with Salk vaccine or three injections of quadruple	Complete course of three doses Oral vaccine	
Children born in 1964	.. .. 304	1,547	1,851
Children born in 1963	.. .. 1,108	5,091	6,199
Children born in 1962	.. .. 188	846	1,034
Children born in 1961	.. .. 28	436	464
Children and young persons born in years 1943-1960	.. .. 56	951	1,007
Young persons born in years 1933-1942	.. .. 32	383	415
Others	.. .. 25	329	354
Number of persons in all age groups given third injections with Salk vaccine or fourth injections of quadruple vaccine	.. ..	.. ..	876
Number of children given fourth injections of Salk vaccine or fifth injections of quadruple vaccine	.. ..	.. ..	457
Number of persons given a reinforcing dose of oral vaccine after two Salk injections	.. ..	.. ..	201
Number of persons given a reinforcing dose of oral vaccine after three Salk doses or three oral doses or two Salk plus two oral doses	.. ..	.. ..	4,399

### Immunisation against Diphtheria

Information relating to immunisation against diphtheria carried out during 1964 is given in the following table:—

Children born in Years	Work undertaken during Half year ended 30th June	Half year ended 31st December	Total
1964	118	1,690	1,808
1963	3,043	1,925	4,968
1962	1,188	349	1,537
1961	232	129	361
1960	57	42	99
1955—1959	160	139	299
1950—1954	19	36	55
Reinforcing Injections	5,007	4,718	9,725

There were, in all, 9,127 children immunised during the year, this being 1,448 more than in the previous year. This increase of 18.8% is welcomed and it is hoped that the improvement will be maintained.



**Immunisation against Whooping Cough**

In all, 8,604 children were immunised against whooping cough during the year; this was 1,517 more than in the previous year. Most of the children were immunised with triple antigen although Quadrilin was used in 876 cases.

**Immunisation against Tetanus**

A total of 10,126 children were immunised against tetanus during 1964 as compared with 8,798 immunised in 1963. Of this total, triple antigen was used in 7,678 cases and Quadrilin in 876 cases.

## SECTION 27.—AMBULANCE SERVICE

The year 1964 saw a further increase in the demands on the Ambulance Service and in all, 192,310 patients were dealt with. This total was 7,388 more than the figure for 1963.

It is interesting to look back to see what demands have been made on the service over the past ten years. The trend of increasing demand is shown by the following figures:—

<i>Year</i>	<i>Patients Carried</i>	<i>Total Mileage</i>
1954	138,192	1,202,249
1955	149,735	1,233,586
1956	152,089	1,271,516
1957	158,336	1,335,503
1958	159,957	1,407,469
1959	170,520	1,491,811
1960	177,253	1,535,853
1961	184,082	1,587,843
1962	189,042	1,614,061
1963	184,922	1,618,350
1964	192,310	1,715,622

Examination of these figures shows that over the ten year period there has been an average annual increase in the number of patients carried of 5,411 and an average annual increase in ambulance miles travelled of 46,196. It is also interesting to note that despite these very substantial increases the average miles travelled for each patient has, during the whole period, been kept within the range of 9.1 in 1954 to 8.9 in 1964. It might have been reasonable to assume that the rapid increase in the population of the County coupled with widespread development of housing estates in both urban and rural districts would have led to a considerable increase in ambulance miles travelled for each patient. The fact that the average has been kept within the limits mentioned is no doubt due, in part, to the efficient use of radio-controlled vehicles; nevertheless, credit must go to both organising and operational staff.

Ambulance vehicle miles were saved during the year in the following way:—

### *Rail Travel*

Advantage was taken of the facilities provided on most main line railway services for both stretcher and sitting cases; in this way, 763 patients travelled by rail and approximately 141,000 vehicle miles were saved.

### *Air Travel*

Because of special circumstances which made ordinary ambulance transport undesirable, twelve patients were conveyed by air; these journeys made a saving of approximately 9,360 vehicle miles possible.

## Staff

During 1964 the operational establishment was increased from 155 to 169 in order to meet the anticipated increased demand of the service. At the end of December, 1964, there were, however, 13 vacancies. Of the 156 staff employed at that time, 150 were qualified in first aid, whilst the other six were undergoing appropriate training.

Ambulance drivers were entered in the annual safe driving competition organised by the Royal Society for the Prevention of Accidents and of the 128 drivers eligible for the 1964 competition, 101 gained awards for a year of accident-free driving.

## Vehicles

Two additional ambulances were purchased during the year and at the end of the year 64 vehicles were in use, this number being made up of 40 ambulances, 21 dual-purpose vehicles and 3 coaches.

The approximate mileage per vehicle for the year was 26,806.

## Private Bookings

Under the provisions of the National Health Service (Amendment) Act, 1957, private bookings were accepted for four sporting events, four patients attending Court proceedings, two patients to be taken home and one to the Brazilian Embassy.

Voluntary Aid Societies

Attendants from the St. John Ambulance Brigade and the British Red Cross Society continued to give their valuable services throughout the year. Again, in addition to duties at Ambulance Stations, they also assisted as escorts for patients travelling by rail. These services were much appreciated.

Civil Defence

Nine general Civil Defence training courses were held during the year in various parts of the County at which 94 volunteers of the Ambulance and First Aid Section attended.

During the year, five Civil Defence First Aid courses were held for volunteers of the Ambulance and First Aid Section and twenty-nine for volunteers of other sections of the Civil Defence Corps.

In addition to the above, a course was conducted in Extended First Aid and Additional Training in Life Saving Techniques for volunteers of the Ambulance and First Aid Section who were training for the Advanced Test.

One Superintendent, one Duty Officer and one Head Driver attended Ambulance and First Aid Section Instructors' Courses at Falfield.

One Superintendent attended a Training Officers' Course held at the Civil Defence Training School, Easingwold.

A local Instructors' Qualifying Course was held at the County Transport and Ambulance Headquarters for four Duty Officers and four Leading Drivers. All were successful in obtaining Full Certificates.

As a result of the National Re-organisation of Civil Defence in the latter part of 1962, when all active volunteers were grouped into various classes, the latest figures now amount to 170 for all classes. 42 of these volunteers successfully passed the Standard Training Test and are now undergoing advanced training and 7 volunteers were successful in passing the Advanced Training Test.

Statistics

Statistics relating to the work of the Ambulance Service for the year under review are shown in Table (j) of Section H and details of patients carried and mileage travelled each year since the inception of the National Health Service Act in July, 1948, are as follows:—

<i>Year</i>	<i>Total Patients</i>	<i>Patients by rail</i>	<i>Vehicle Mileage</i>	<i>Rail Mileage</i>	<i>Total Mileage</i>
1948	18,777	—	387,246	—	387,246
1949	64,337	—	1,066,928	—	1,066,928
1950	69,866	—	1,220,351	—	1,220,351
1951	88,597	—	1,321,406	—	1,321,406
1952	103,625	—	1,378,967	—	1,378,967
1953	117,224	189	1,266,772	24,422	1,291,194
1954	138,192	515	1,202,249	51,406	1,253,655
1955	149,735	592	1,233,586	48,729	1,282,315
1956	152,089	605	1,271,516	62,107	1,333,623
1957	158,336	634	1,335,503	74,506	1,410,009
1958	159,957	688	1,407,469	73,824	1,481,293
1959	170,520	825	1,491,811	85,817	1,577,628
1960	177,253	806	1,535,853	81,715	1,617,568
1961	184,082	759	1,587,843	75,024	1,662,867
1962	189,042	769	1,614,061	74,729	1,688,790
1963	184,922	797	1,618,350	78,019	1,696,369
1964	192,310	763	1,715,622	70,540	1,786,162



## SECTION 28.—PREVENTION OF ILLNESS—CARE AND AFTER-CARE

### Report of the County Chest Consultant

Dr. Stephen Hall, the County Chest Consultant, kindly submitted the following report:—

#### Population and Medical Staff

In 1964 the population of the County was estimated at 528,010, of which 356,710 lived in the area served by the Oxford Regional Hospital Board and 171,300 in that served by the North West Metropolitan Regional Hospital Board. The medical staff of the former comprised two consultants, one senior hospital medical officer and one registrar, while that of the latter comprised two consultants and one registrar.

#### Clinics

The clinics are situated at Slough (Upton Hospital), Amersham (General Hospital), Aylesbury (Tindal Hospital), High Wycombe (War Memorial Hospital), Buckingham (Cottage Hospital), Bletchley (Out-patient Clinic) and Wolverton (Out-patient Clinic). All these Clinics are well equipped.

#### Tuberculosis Register

At the end of 1962 there were 2,655 persons on the register; for 1963 the figure was 2,278, and for 1964 it was 1,883. Thus, we are seeing a fairly rapid fall in the number of tuberculous patients. Of these, only 85 had a positive sputum during the year, compared with 98 in 1963, so the infection pool is contracting also. The number of new tuberculous patients was 161, compared with 173 in 1963 and 160 in 1962. In 1954 there were 277 new patients. The rate of decline has been somewhat slowed by immigrants, who in 1964 formed 27% of the total new patients; in 1963 the figure was 20% and in 1962 it was 18%. We may note that, despite the increase in proportion of immigrants, the total of new patients (including immigrants) is less. As mentioned in last year's report, although this problem is teasing and of some magnitude with us, it is very much worse elsewhere, for instance in Bradford. The new circular from the Ministry, wherein an attempt is envisaged to follow and X-ray all immigrants, may prove a help, but it is by no means certain that these people already have tuberculosis when they arrive in England. The strangeness (to them) of their life here and the rigours of this climate may well activate a hidden tuberculous infection.

The impression is growing amongst chest physicians that tuberculosis is not showing itself in its former straightforward way as pulmonary disease with a positive sputum. Non-pulmonary forms such as glandular or endometrial disease and miliary forms in older people appear. Meningitis is now very rarely seen.

Dr. Brian Thompson writes for the Chest Clinic at Slough:—

“It will be noticed that we have removed as ‘Recovered’ about one-third of the total Register; this is a natural outcome of the view that tuberculosis—having had adequate chemotherapy—may be regarded as truly cured. We tend less and less to give routine annual appointments to patients regarded as cured—unless there is substantial lung destruction or some other special reason. Patients are, however, urged to report—on their own initiative—if they are not happy about their chests because of symptoms. I should think this policy does not substantially differ from your own or from that of other Clinics in the County.”

#### Non-Tuberculous disease

Non-tuberculous pulmonary disease now occupies much more of our time than does tuberculosis. Carcinoma, bronchitis, asthma, pneumonia and bronchopneumonia and many other less common respiratory problems are continually before us for diagnosis, assessment and treatment, while clinical respiratory physiology has become essential to our work.

#### X-ray

The Mobile units continued to provide their regular peripatetic service; this service is now well established in the mind of general practitioners and they make good use of it. In fact, the provision of a chest X-ray service throughout the county is very full: there are the hospital and clinic sets, the regular mobile sets and the mass X-ray units. Chest X-rays are thus readily available all over the county. Total persons X-rayed during the year at the Mobile and Mass units was 30,678.

#### B.C.G. Vaccine

Vaccination against tuberculosis is given on established principles to contacts of tuberculosis cases, hospital workers and school children. Of the contacts and hospital workers, 629 had B.C.G.

Reference is made later in this combined report to the number of school children given B.C.G. vaccination.

No Smoking Clinic

At this Clinic only persons referred by doctors are seen and advice and persuasion are provided. As part of the campaign against smoking it is valuable and in general it is becoming noticeable that cigarette smoking is declining as the social grading ascends. It should be emphasized that smoking is not only associated with cancer of the lung, but also equally with bronchitis and, to a lesser extent, with other diseases.

General

The usual annual follow-up of tuberculosis cases diagnosed six years before in the Oxford Regional Hospital Board area has been continued and details of the enquiry for this and earlier years are given below:—

Year notified	1951	1952	1953	1954	1955	1956	1957	1958
Alive and well after six years	152	154	166	125	79	143	103	77
%	(72%)	(78%)	(87%)	(86%)	(80%)	(85%)	(83%)	(72%)
Not very well .. ..	8	15	3	4	1	1	2	2
Deaths from all causes ..	35	12	10	7	14	13	12	18
Lost sight of, gone abroad, etc.	14	15	10	9	4	11	7	9
Total cases .. ..	209	196	189	145	98	168	124	106
Recovered .. ..	40	27	28	18	19	32	24	19
%	(19%)	(14%)	(15%)	(12%)	(19%)	(19%)	(19%)	(18%)
Cases still on our register ..	89	118	121	94	56	89	68	49
%	(43%)	(60%)	(64%)	(64%)	(57%)	(53%)	(55%)	(46%)
Deaths considered due to tuberculosis .. ..	17	8	2	2	2	0	3	6
Tuberculosis recorded as a complication .. ..	7	2	4	3	7	7	4	7
Death not considered influenced by tuberculosis ..	11	2	4	2	5	6	5	5
Cases transferred to other areas .. ..	31	24	20	13	10	28	14	13

TUBERCULOSIS

Notification and Mortality

Notifications of and deaths from tuberculosis during the twelve year period 1953-1964, together with death rates per hundred thousand of the population are given below:—

Year	Primary Notifications		Mortality			
	Respiratory only	All forms (including respiratory)	Respiratory only		All forms (including respiratory)	
			Number	Rate	Number	Rate
1953	256	310	35	8.8	37	9.3
1954	235	277	27	6.7	35	8.7
1955	234	277	18	4.4	23	5.6
1956	236	281	31	7.4	33	7.9
1957	172	208	21	4.9	24	5.6
1958	173	211	30	6.8	35	7.9
1959	161	187	27	5.9	33	7.2
1960	155	195	21	4.5	24	5.1
1961	144	172	16	3.3	17	3.5
1962	122	160	21	4.2	23	4.6
1963	148	173	16	3.1	19	3.7
1964	124	161	20	3.8	24	4.5

The following are the particulars of notifications received during 1964, by sex and age groups:—

Age groups	Respiratory		Non-respiratory		Total
	Males	Females	Males	Females	
0—	1	1	—	—	2
1—	—	—	—	—	—
2—4	4	3	—	1	8
5—9	3	1	—	—	4
10—14	4	1	—	1	6
15—19	1	3	2	—	6
20—24	5	3	1	4	13
25—34	25	10	9	1	45
35—44	15	8	4	5	32
45—54	11	3	—	3	17
55—64	10	2	1	—	13
65—74	5	2	1	3	11
75+	1	1	—	1	3
Age unknown	1	—	—	—	1
Totals	86	38	18	19	161

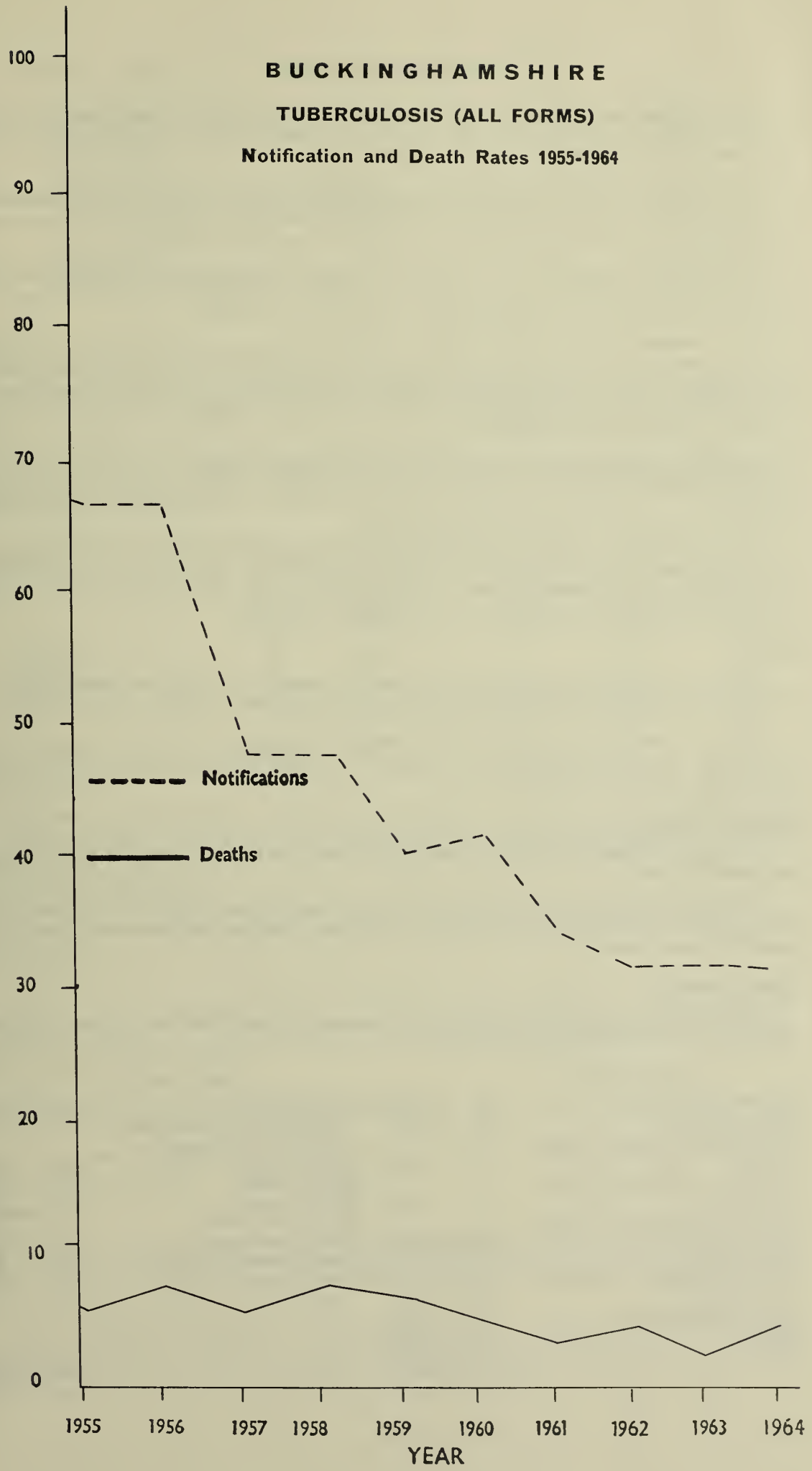
#### RETURN RELATING TO THE WORK OF THE CHEST CLINICS DURING THE YEAR 1964

	RESPIRATORY				NON-RESPIRATORY			
	Men	Women	Children	Total	Men	Women	Children	Total
Notified cases on Clinic Register at beginning of year .. .. .	1,094	821	122	2,037	99	116	25	240
Children transferred to adults during year .. .. .	7	5	—	12	—	2	—	2
No. of notified cases added to Register during year—								
Class A (not bacteriologically confirmed):								
Group I .. .. .	24	15	13	52	17	17	1	35
Group II .. .. .	13	—	—	13				
Group III .. .. .	1	1	—	2				
Class B (bacteriologically confirmed):								
Group I .. .. .	17	3	—	20				
Group II .. .. .	10	11	—	21				
Group III .. .. .	6	3	—	9				
Transfers in during the year ..	45	37	3	85				
TOTALS ..	1,217	896	138	2,251	120	137	26	283
No. of notified cases removed from Register during the year—								
(a) Recovered .. .. .	246	198	14	458	14	17	—	31
(b) Died (all causes) .. ..	29	7	—	36	1	2	—	3
(c) Transfers out .. .. .	36	32	2	70	4	2	—	6
(d) Others .. .. .	14	13	1	28	5	—	—	5
Children transferred to adults during year .. .. .	—	—	12	12	—	—	2	2
TOTALS ..	325	250	29	604	24	21	2	47
Total remaining on Clinic Register at end of year .. .. .	892	646	109	1,647	96	116	24	236



**BUCKINGHAMSHIRE**  
**TUBERCULOSIS (ALL FORMS)**  
**Notification and Death Rates 1955-1964**

**RATES PER 100,000 POPULATION**



## HEALTH EDUCATION

Probably the most significant event in the field of health education during 1964 was the long awaited publication of the report on Health Education by the Committee appointed by the Central and Scottish Health Services Councils in December, 1959.

The Committee, under the Chairmanship of Lord Cohen of Birkenhead, made recommendations in their report that could co-ordinate the work of health education at present being carried out in various ways by local health authorities, and provide a considerable stimulus.

The major recommendation is the creation of a Board (analogous to that controlling the Public Health Laboratory Service), working in close relationship to the Government Departments, "yet remain freer to experiment, to adopt unusual courses and to take risks."

It is envisaged that the Board would carry out such functions as selecting subjects for priority attention, arranging nation wide programmes, conducting research, assisting with publicity material of an expensive nature, evaluating results, discussing the inclusion of health education in their syllabuses with the various professional bodies, and discussing with universities, etc., the subject of training specialist health education organisers.

A stronger organisation at the Centre was felt by the Committee to be the first step towards improving health education, but clearly this would not be effective without the active support of local authorities. The Committee was sure that in each large area at local level there should be someone designated to carry out the work of health education.

The cost of these proposals were estimated within the next 5 years to be of the order of £500,000 a year, i.e. about 0.06% of the cost of the National Health Service. This would allow about £30,000 to £40,000 for central staffing, £25,000 for research, perhaps £200,000 for experimental campaigns and £230,000 for Health Educators employed by local authorities.

### Staff

The County Health Education Officer resumed full duties in July after successfully completing the course for the Diploma in Health Education at the University of London.

Miss G. Hanmer, Area Health Education Organiser, transferred at her own request from the Aylesbury area to North Bucks, and the vacancy for the Aylesbury area was filled in May by the appointment of Mrs. M. E. Gibson.

### In-Service Training

As usual, the Health Education staff played their part in the various aspects of in-service training throughout the year.

Assistance was given on the courses held for Home Helps, Senior officers in the department and other members of the staff were kept abreast of new films, film-strips, and other visual material, by means of regular reviews.

### Group Teaching

The following table indicates the group teaching carried out in the County during 1964, with the figures for 1963 given in the brackets:—

<i>Talks given by:—</i>				<i>Talks given to:—</i>			
Health Education Staff ..	408	(435)		Ante-natal groups .. ..	1,374	(1,353)	
Medical Officers .. ..	133	(130)		(including evening sessions			
Administrative health visiting				attended by husbands)			
Staff .. .. .	56	(24)		Mothers' Clubs .. ..	308	(436)	
Administrative District Nursing				School Children .. ..	391	(373)	
Staff .. .. .	17	(45)		Parents' Groups .. ..	25	(9)	
Health Visitors and District				Old People's Clubs .. ..	22	(10)	
Nurse/Midwives .. ..	1,535	(1,341)		Youth Organisations .. ..	88	(71)	
Dental Staff .. .. .	108	(131)		County Council Staff .. ..	81	(—)	
Other Members of County				Other Groups .. ..	272	(197)	
Council Staff .. ..	163	(107)					
Outside Organisations .. ..	53	(47)					
Others .. .. .	88	(189)					
	<hr/>	<hr/>			<hr/>	<hr/>	
	2,561	(2,449)			2,561	(2,449)	
	<hr/>	<hr/>			<hr/>	<hr/>	

The general subject matter covered by these talks is given below:—

Ante-natal instruction .. .. .	1,374
Dental health .. .. .	147
First Aid and oral resuscitation .. .. .	206
Smoking and Health .. .. .	106
Mental Health .. .. .	88
Child care (classes for senior schoolgirls) .. .. .	71
Growing up (classes for senior schoolgirls) .. .. .	66
Food and Health .. .. .	69
Home Safety .. .. .	58
Immunisation and Vaccination .. .. .	20
Miscellaneous subjects .. .. .	356
<b>Total .. .. .</b>	<b>2,561</b>

### Ante-Natal Groups

These groups, which are arranged for mothers expecting their first baby, continued to be very popular and well attended throughout the County and in particular in the High Wycombe area the number of sessions was increased to 571 as compared to 483 during the previous year.

The instruction given includes preparation for labour, and care of the young child. The teaching is carried out by Health Visitors, District Midwives, Midwives from the local hospitals and Area Health Education Organisers.

Large numbers of married couples, where the wife has already received instruction, attend the special sessions when the film “To Janet a Son” is the main feature.

<i>Area</i>	<i>Ante Natal Classes</i>		<i>For Husbands attending with Wives</i>		
	<i>No. of Sessions</i>	<i>No. of Women attending</i>	<i>No. of Sessions</i>	<i>No. of Women attending</i>	<i>No. of Men attending</i>
North Bucks .. .. .	134	338	6	73	70
Aylesbury .. .. .	187	327	6	160	153
High Wycombe .. .. .	571	965	12	391	327
South Bucks .. .. .	446	729	12	424	402
	<u>1,338</u>	<u>2,359</u>	<u>36</u>	<u>1,048</u>	<u>952</u>

### Mothers' Clubs

The Clubs in Buckinghamshire enjoyed another successful year, with two new Clubs being formed at Tingewick and Haversham. The annual Rally held in 1964, at the new Secondary School at Wolverton, was organised by the North Bucks Mothers' Clubs. An audience of over 700 from all parts of the County thoroughly enjoyed the occasion. I took the Chair for the event and the guest speaker was the Duchess of Bedford.

Although a wide variety of subjects was studied by the Clubs according to their respective needs, a general theme of safety, which covered dangers in the home, on the road, and in water, was carried out by all Clubs.

The quarterly newsletter organised by the Clubs in South Bucks continues to arouse enthusiasm and support and this year there were many articles of particular local interest such as “Race Relations—problem or challenge” by William H. Israel, and “Nursery and Infant Schools” by the Divisional Education Officer, Mr. C. S. Smyth.

Towards the end of the year the High Wycombe group of Clubs were busy organising their own newsletter which they intend to publish early in 1965.

At the Annual General Meeting held at Aylesbury in October it was unanimously agreed that the next study theme would be “Family Leisure.”

### Exhibitions

This year a regular sequence of small exhibits were circulated through the Child Welfare Centres. With the object of stimulating interest and thought the exhibits were changed frequently and kept topical. Some of the subjects were “Summer Safety,” “Danger from Fireworks,” “Choosing Toys” and “The Dangers of Christmas Decorations”.

Other exhibitions included one on “Smoking and Health” at the Bucks Youth Clubs Rally at High Wycombe which is mentioned later in the report, a “Home Safety” exhibit in the library at Amersham and a “Home Safety” exhibition and films at the annual show held on The Rye, High Wycombe.

The major exhibition was a joint venture by the Health Departments of the Slough Borough Council and the County Council, which took place at the annual show held on Agars Plough, Slough, from the 1st August to 8th August. The exhibition was housed in its own marquee—one half being devoted to display and demonstration, and the other set up as a small cine-theatre. The side for display and demonstration was divided into two sections—the first section dealt with the subject of “Home Safety” and the second “Smoking and Health.” Various methods were used to attract and create interest, such as illuminated and animated models, continuous projection of coloured slides, microscopes and specimens. Despite counter attractions in the very fine weather out-of-doors, a considerable interest was taken by people throughout the week, and the cine-theatre gave repeated film shows in support of the above subjects to audiences totalling 1,658.

### **Venereal Diseases**

A desire to acquire knowledge on this subject is gradually increasing in both adult organisations and schools. Help and advice is given when any request is made, but the need for useful visual aids has not yet been met.

At the request of the Ministry of Health a large poster campaign was undertaken with the object of bringing to the attention of the public the availability and times of all special V.D. Clinics.

### **Smoking and Health**

This important matter is still being dealt with mainly in schools and youth clubs as a considered policy.

In junior schools, in particular, an effort has been made to provide information to children to discourage them from starting the habit. In this sphere the majority of the work is being done by Health Visitors using the film strip “A Dangerous Habit.”

Talks and discussions are supplemented by the widespread use of posters and book-marks, and as in previous years a small display on the subject was erected at the County Youth Clubs’ Rally.

An experiment to arouse the interest of adults was made in the Aylesbury area, where, with the willing co-operation of many factories, a provocative display was set up during canteen breaks, with members of the Health Education staff present to answer questions and discuss the problem. The response was very good and similar efforts will continue to be made.

The consultative no smoking clinic that was commenced in Aylesbury in 1963 continues to function, and is referred to in another part of the report.



## SECTION 29.—HOME HELP SERVICE

During the year under review, a total of 2,723 cases was assisted as compared with a total of 2,771 during 1963. No case was refused help but it was often possible for the organisers, by careful investigation of the applications received, to arrange for, or persuade the applicant to arrange, some alternative source of help. In some 460 homes which were visited the required help was provided either by relatives or from some other source. It is possible that some part of the fall in demand for the service may have been due to the full standard charge for home help which was increased from 3/9d. to 5/9d. per hour with effect from 1st June, 1963. Some applicants who in the past have tended to look on this service as a "domestic agency" and who are quite able to meet the full charge are now looking elsewhere for the help they require; in this way the home help service is being left free to meet the demands of the more deserving applicants. The service is free to all on National Assistance payments, others are assessed according to their ability to pay.

Of the 2,723 cases helped during the year, no less than 72.4% were in the categories acute sick, chronic sick or old age. This percentage will rise if the policy of supporting old folks in their own homes for as long as possible is successful.

It is interesting to see from the summary which follows that there were only five cases of tuberculosis provided with help; this was two less than the total for the previous year. This apparent small drop in the total of these cases has, however, to be looked at in the light of the overall decrease which has taken place over the past years; 57 cases of tuberculosis were provided with home help in 1951 and 31 cases were helped in 1954.

The total number of maternity cases helped during 1964 (439) was only one more than the total for 1963, but in addition a number of pre-natal and post-natal cases were assisted as a supportive measure.

### Staff

#### (a) *Administrative*

The administrative staff is: county home help organiser, four area home help organisers, eight assistant organisers, two full-time and five part-time clerks.

Staff meetings were held during the year.

#### (b) *Other*

At the end of the year, 537 part-time home helps were employed, compared with 531 the previous year.

### Recruitment

It was possible to maintain an adequate staff in most parts of the County but recruitment difficulties were experienced, resulting in staff shortages in some districts. These shortages were overcome to an extent by allocating only the minimum of help to cases in the districts concerned. It was found, however, that this expedient was, in some cases, to be commended since it encouraged the old people to be more self-supporting than they had been.

### Problem Families

I was able to report last year a fall in the number of problem families requiring home help; this trend did not, unfortunately, continue during 1964. During that year, 10 families had to be given help as compared with the 7 families helped in 1963.

Working in the homes of problem families does not appeal to all home helps and great care has to be taken in their selection for this work. It is hoped that some of the difficulties of this particular aspect of the service will be overcome this year by the provision of special In-Service Training for selected home helps.

### Good Neighbour Scheme

Although this service continued during 1964 to be a most valuable part of the home help service, the number of actual cases helped (183) was only four more than the total for 1963. It must be remembered, however, that the case requiring the services of a Good Neighbour is invariably a long term one whilst the good neighbour is likely to stay with her case until such time as the need for the service no longer exists. It seems that this particular service will have to be extended, wherever possible, in the future so that home helps can devote more of their work to the acute and chronic sick.

### Conferences

In the Spring, a most successful Training Course for Home Helps was held at the College of Further Education, Aylesbury. I would like to take this opportunity of thanking the Chief Education Officer and his staff for their co-operation in making this new venture such a success.

A one-day conference was held in another area and three half-day conferences in the South of the County.

The weekend conference of the Home Help Organisers Institute held at Margate was attended by the County Home Help Organiser and one Area Home Help Organiser.

## Cases

The following summary gives details of the help provided during 1964 in various districts:—

AREA	Acute Sick	Chronic Sick	Old Age	T B	Maternity	Good Neighbours	Problem Families	Mentally Disordered	TOTAL
<i>Aylesbury Area</i>									
Aylesbury Borough ..	24	11	115	—	54	7	—	3	214
Aylesbury Rural .. ..	14	9	88	—	36	18	1	—	166
Linslade .. .. .	4	2	26	—	6	—	—	—	38
Wing Rural .. .. .	4	4	29	—	9	6	1	—	53
<i>North Bucks Area</i>									
Bletchley .. .. .	18	10	117	—	38	13	2	1	199
Buckingham .. .. .	8	8	34	—	6	13	—	—	69
Winslow Rural .. .. .	2	2	27	—	8	7	—	—	46
Stony Stratford .. ..	1	3	41	—	3	5	—	—	53
Wolverton .. .. .	7	12	104	—	5	11	1	2	142
Newport Pagnell .. ..	1	2	37	—	1	11	—	—	52
Olney .. .. .	—	4	16	1	1	7	—	—	29
<i>South Bucks Area</i>									
Gerrards Cross, Denham and Fulmer .. .. .	6	—	16	—	4	—	—	1	27
Slough and District ..	55	60	416	2	53	24	3	4	617
<i>Wycombe Area</i>									
High Wycombe .. ..	30	34	201	1	84	21	1	4	376
Marlow .. .. .	6	2	30	—	9	7	—	—	54
Bourne End .. .. .	6	4	27	—	21	7	1	—	66
Princes Risborough ..	8	2	31	—	9	2	—	—	52
Beaconsfield .. .. .	5	3	24	—	7	—	—	—	39
Chesham .. .. .	13	6	88	1	16	4	—	—	128
Amersham .. .. .	27	9	78	—	32	2	—	—	148
Amersham Rural .. ..	4	1	32	—	10	10	—	—	57
Chalfonts .. .. .	26	3	34	—	27	8	—	—	98
TOTAL 1964 ..	269	191	1,611	5	439	183	10	15	2,723
Cases included above carried over from 1963 .. ..	17	124	1,095	3	5	124	5	4	1,377
TOTAL 1963 ..	306	208	1,604	7	438	179	7	22	2,771

## MENTAL HEALTH SERVICE

### Administration

Matters of mental health policy are dealt with on behalf of the County Health Committee by the Mental Health Sub-Committee which meets quarterly; in addition that Sub-Committee deals with the day-to-day administration of the service in the Aylesbury and North Bucks Health areas. The day-to-day administration of the Service in the other two Health areas, i.e. High Wycombe and South Bucks, is dealt with by the Sub-Committees appointed for those areas.

During the year the Special Sub-Committee of the County Health Committee approved three general medical practitioners with special experience in mental disorders to carry out duties under the Mental Health Act, 1959. Two doctors on the approved list resigned during the year and at the end of the year there was a total of 33 doctors approved; it is considered that this number gave a fairly satisfactory coverage of the County.

Co-operation between the Department and the hospital staffs continued on a cordial basis during 1964.

The link between the services provided by the County Council as the local health and welfare authority and the hospital services was strengthened by the appointment to the Council's staff, as Consultant Psychiatrist and in a part-time capacity, of Dr. D. C. Watt, the Medical Director of St. John's Hospital, Stone. His advice is available on any psychiatric matters and he attends meetings of the Mental Health Sub-Committee.

During the past few years I have, along with the Senior Medical Officer, Mental Health, attended senior staff meetings at the hospital. I am also a representative of the County Council on the St. John's and Manor House Hospital Management Committee. In this way the administration and proposed development of local health and hospital services is well-known to both sides.

The friendly informality in the relationships, which exists between the staff of hospitals and of the Local Authority, leads, I am sure, to a better understanding of the patient's needs in hospital and in the community.

Psychiatric Out-patient Clinics have now been established in all four health areas and are held in general hospitals. In addition, the psychiatrist from Borocourt Hospital held three out-patient sessions per month in Bletchley and Aylesbury; these proved to be a great help since the hospital staff are at a disadvantage because they are working some forty miles from the more remote parts of the hospital catchment area.

Mental welfare officers continued during the year to attend the out-patient clinics when their patients' progress could be considered.

### Staff Training

Difficulties were again experienced during 1964 in the recruitment of trained mental welfare officers. Shortage of the required staff retarded the development of the service and, unfortunately, the indications are that no real improvement of what is substantially a national problem can be expected for some time.

The introduction of the trainee scheme, whereby one trainee is allocated for duties in each Health Area, and the continuation of the arrangements for in-service training helped in overcoming some of the staffing deficiencies.

The trainees spend a fortnight with the psychiatric social workers at the hospital and in this way are given the opportunity of becoming familiar with the hospital procedure. Successful trainees are whenever possible seconded on one of the approved courses for social workers.

The nucleus of the in-service training programme continued to be the monthly case conferences which were held at St. John's Hospital and which were attended by all field workers, hostel wardens and medical officers concerned with the mental health services. These case conferences were combined with teaching sessions when lectures were given in the following subjects:—

- “ Development in Mental Health Services at Home and Abroad.”
- “ Paranoia and Paranoid States ”
- “ Marriage Problems ”
- “ Problems of the Geriatric Patient ”
- “ Manic Depressive Illness ”
- “ Industry and Mental Health ”
- “ Success and Failure in Hostels ”
- “ Stealing as a Sign of Depression and Schizophrenia ”



Endeavours were made during the year to improve the facilities for the training of the staffs of training centres and it was possible to recruit three trainees of good educational background, to posts in the junior training centres with a view to secondment on one of the diploma training courses. A former training centre Trainee completed her training during 1964, obtained the Diploma of the National Association for Mental Health and returned to duty in the County.

The annual conference for our staff held in 1964 extended to two days and since it was possible to obtain the services of outstanding guest speakers, invitations to attend were extended to neighbouring Local Health Authorities. The Aylesbury Municipal Borough Council kindly allowed the use of their Borough Assembly Hall and the programme included the following talks:

“ Trends in Training and After-Care of the Mentally Subnormal ”  
by the Senior Medical Officer.

“ Progress Reports to Parents ”  
by Senior Mental Welfare Officer.

“ The Care of Psychotic Children in Training Centres ”  
by Dr. Creak, Consultant Psychiatrist.

“ The Cuisenaire Method ”  
by Mrs. Littlewood, Headmistress.

“ Training Programmes in a New Light ”  
by Dr. Gunzburg, Consultant Psychologist.

The adult hostel in Aylesbury provided buffet lunches for those attending the conference and in this way participants were able to get to know each other and to exchange views on their work.

Lively discussions followed each talk and many of the 55 attending (of whom 29 were sent by eight neighbouring Local Health Authorities) expressed their appreciation of this type of conference and particularly of the opportunity it presented of meeting colleagues in their own field from other authorities.

#### Courses:

The following conferences and courses were attended during 1964:

Annual Conference of the National — Chairman of the Mental Health Sub-Committee and  
Association for Mental Health the Senior Medical Officer

Refresher Course on Family Psychiatry — Senior Assistant County Medical Officer

Annual Conference of the Federation of — Senior Mental Welfare Officer  
Associations of Mental Health Workers

National Association for Mental Health — One Assistant Supervisor  
—Course for Training Centre Staff

National Association for Mental Health — Senior Medical Officer and two Area Mental Welfare  
—Conference on Dementia in the Officers  
Elderly

Dr. Stang, Senior Medical Officer, was awarded a one-month Travelling Fellowship of the Council of Europe and was granted leave to visit Brussels, The Hague and Vienna to study the administration and staffing of hostels and workshops.

### TRAINING CENTRES

The annual medical examinations which were carried out in junior and adult training centres during 1964 included tests of all new entrants for phenylketonuria, immunisation, and discussion with the parents of the progress and assessment of future plans for the individual trainee.

At the end of the year there were five trainees in the Centres who were suffering from phenylketonuria. One of them, a child of eight years, is on a special diet.

Regular dental inspections were carried out at two centres and it is hoped that these facilities may soon be extended to all centres in the County as staff becomes available.

Mid-day meals were provided at all Centres during the year; a charge of 1/- was made for these meals in junior centres and 2/- in adult centres. The meals were provided by the School Meals Service except those in Aylesbury where they are cooked at the adjoining hostel.



The following table shows the number of children and adults on the registers of the various training centres at the end of the year:

	Junior Centres		Adult Centres		Mixed Centres				TOTAL	
	M	F	M	F	Junior M	Section F	Adult M	Section F	Juniors	Adults
Aylesbury ..	24	18	18	13	—	—	—	—	42	31
Bletchley .. ..	—	—	—	—	11	6	19	14	17	33
Chesham .. ..	—	—	—	—	11	8	8	6	19	14
High Wycombe ..	25	18	19	7	—	—	—	—	43	26
Slough .. ..	—	—	8*	14*	30	17	7	4	47	33
TOTALS ..									168	137
No. enrolled .. ..									305	

\*Slough Workshops of the National Society for Mentally Handicapped Children.

Two children who were attending junior training centres made sufficient progress during the year to justify their re-admission to the “ educational system ” and were transferred to schools for the educationally subnormal.

The table above shows that the demand for places in adult training centres increased during the year; this trend will continue as the children in the junior centres become of an age that requires their transfer to adult centres. The alternative to providing more adult places in order to keep ahead of that demand, seems to be to increase our efforts to place trainees in employment.

Various schemes have been tried with this transfer of trainees in mind and it may be of interest to mention the following:

- (1) In Aylesbury a member of the local Labour Exchange attends regular conferences at the hostel and interviews trainees recommended by the Supervisor. Six trainees were placed in employment but three had to return for further training.
- (2) Four trainees from the High Wycombe Centre were groomed for employment by the Supervisor before calling in the Disablement Resettlement Officer who was then able to place three of them in employment. The other trainee found employment privately.
- (3) Five trainees from the Bletchley Centre were placed in open employment; seasonal work, such as potato picking, gave a chance to four other trainees to start working for a living (one of them was later employed as a farm labourer and by the end of the year was earning £10 per week). Eight other trainees started work, just before Christmas, on a conveyor belt in a Bletchley factory—they worked under the supervision of a member of the Training Centre staff. Although the work only lasted four weeks their output at the end of the period had risen by 100% and apart from the material consideration, the encouragement of the trainees was of even greater value. As a result of this “ experiment ” all severely subnormal trainees in the Bletchley Centre are considered as possible candidates for work in the community.

An attempt to introduce more teaching of the “ Three R’S ” in adult training centres proved unsuccessful because of the shortage of suitable part-time teachers. A limited amount of tuition was given by the staff but special sessions with a qualified teacher were only possible at the Bletchley Centre. There it was found that those trainees with some knowledge of reading and writing greatly improved whilst those with none not only gained some idea of the subjects but also improved by showing greater interest.

### Transport

Special transport was provided for all but 25 trainees who were able to get to the centres by their own means. On all routes, pick-up and set-down points were arranged wherever possible to avoid calling at individual homes, thus economising both in time and money.

In view of the large cost involved in engaging private contractors to provide the transport it was decided at the end of the year to look into the possibility of running directly provided transport in conjunction with the ambulance service.

Activities

The customary annual open days were held at all centres to give parents and friends of trainees, as well as members of the general public, an opportunity to see the facilities available for the mentally handicapped in the County.

During the year the work carried out in the centres included the making of baskets, coffee tables, Christmas cards, calendars, peg bags, rugs, tablecloths, stools, aprons and mop heads. Trainees also chopped and bundled firewood and washed motor vehicles. A special feature was the domestic science display by the adult female trainees at the High Wycombe Centre, of jams, jellies, cakes and bottled fruit. Factory outwork included the making of firework cases, the packing of motor car spare parts and the assembly of television aerial brackets. Income from all sources amounted to over £830 which was some £200 more than last year.

Nine talks by training centre staff were given to local societies for mentally handicapped children, church guilds, mothers' unions, women's institutes, youth fellowships and parent-teacher associations.

Outings organised for the trainees by various voluntary associations included picnics, seaside trips, visits to places of entertainment and of historical interest as well as coach tours and river sailings.

A new venture for the children at the Bletchley Junior Centre was weekly visits to the local swimming pool during the season. Parents gave permission for five children to attend and, accompanied in the water by two members of the staff, they gained great confidence as well as much pleasure.

Hostels

Adult Hostel for Females, Oaklands, Aylesbury.

The general aim of this hostel which provides accommodation for 30 adult mentally ill or sub-normal female residents, is to give to those residents training and confidence to lead an independent life in the community. Although no pressure is put on the residents to go out to work or to leave the hostel before they are ready to do so, it is made clear to them that they have "community duties" in the hostel and that they should aim to obtain work and leave for lodgings or for home. Even those who are able, whilst at the hostel, to follow full-time employment have weekend duties connected with the preparation of meals and washing up. Each resident cares for her own personal belongings, for washing and ironing of her own clothes and for keeping her "unit" or room clean.

Admissions to the hostel continued to be made in 1964 after screening by the Senior Medical Officer in consultation with hospital psychiatrists, psychiatric social workers and the Warden. Details of the admissions and discharges are shown in the following table.

In residence at 31.12.63			Admitted during 1964			Discharged during 1964			In residence at 31.12.64		
Mentally ill	Sub- normal	TOTAL	Mentally ill	Sub- normal	TOTAL	Mentally ill	Sub- normal	TOTAL	Mentally ill	Sub- normal	TOTAL
13	11	24	13	15	28	12	14	26	14	12	26

Of the 13 mentally ill patients, eight were admitted from hospitals, four from their own homes and one from residential employment. Eight of the fifteen subnormal patients were admitted from their own homes, four from lodgings, two from hospital and one from residential employment.

Of the mentally ill patients admitted from hospital two were re-admissions and all the others were too handicapped to return to their families or to lodgings. They were mostly schizophrenics of long standing who had failed to make their way in the community after previous hospital discharge. Those admitted from their own homes and the patient admitted from residential employment would have required hospital admission if a place had not been available in the hostel.

Ten of the admissions required intensive drug treatment whilst two received, in addition, E.C.T. as hospital outpatients.

Of the subnormal patients admitted all but two would have needed hospital care had not the hostel facilities been available. These two girls had been at home for over two years constantly changing jobs after leaving special schools and becoming in the process more retarded in their social abilities. Two of the subnormal girls stayed in the hostel for short periods of temporary care.

Of the twelve mentally ill patients discharged during the year, eight went to hospital, two returned to their own homes, one took up residential employment and the other went into lodgings. Although



the rate of re-admission of mentally ill residents to hospital was high, those discharged to their own homes, to residential employment or to lodgings have done well.

Eight of the fourteen subnormal residents were discharged to their own homes but two of them have since then had to be admitted to hospital. Four subnormal residents were transferred to lodgings and one to residential employment; all were doing well at the end of the year. One subnormal patient had to be admitted to hospital because of a schizophrenic episode.

The Psychiatric Social Worker concerned with the care of the hostel residents reports as follows:

“ The majority of the residents at Oaklands find happiness during their stay there and seem to appreciate that the staff work for their general well-being. It is no small matter for women who have suffered from mental illness or have limited mental ability to adjust themselves to the demands of present-day society when they leave the hostel for lodgings. One must always bear in mind that probably for the first time for years the patient will be trying to stand on her own feet and to build up a relationship with members of the household in which she is placed.

When change of employment and accommodation becomes necessary the social worker should continue to support the patient until it is certain that transfer to another social worker will be accepted. If support is removed prematurely it is likely that breakdown in ‘ placing ’ and employment will follow.

The finding of suitable lodgings is both time-consuming and vitally important; the material needs of each resident leaving the hostel varies greatly as does the service the ‘ landladies ’ (or hostesses as I prefer to call them) are willing or able to give. All the hostesses appear to appreciate that their contribution towards the happiness of the former hostel resident is an important piece of social work.

The helpful advice of the Ministry of Labour in the early days of the hostel has borne fruit since good work patterns have been established whilst the women were in the hostel. The transition to new employment has gone ahead without difficulty.

My general observation on the work of the hostel is that every attempt is being made to achieve the ultimate happiness and well-being of each resident.”

Experience gained since Oaklands opened nearly three years ago supports the original view that local health authority hostels should be more concerned in selecting residents according to their actual needs rather than their psychiatric diagnosis. Generally, the younger and more able residents who can be rehabilitated to live and earn their keep in the community will be admitted to Oaklands; the less able and those in need of sheltered employment will go to Meadowlands, the hostel opened in High Wycombe recently.

Experience also supports the view that friction will arise among residents when there is “ discrepancy in age ” which leads to varying tastes especially in leisure activities.

On the other hand, no difficulties seem to arise from the admission of both mentally ill and sub-normal patients.

Difficulties did, however, arise in finding suitable staff for the hostel and for the greater part of the year the post of deputy warden remained unfilled.

**Five-Day Hostel for Children, Rosebank, Aylesbury.**

The primary object of this hostel is to afford Training Centre facilities for those children who are unsuitable for education in school and who live too far away to allow daily travel to the Junior Training Centre. The children travel during “ term time ” to the Training Centre on Monday mornings, stay at the hostel each night until Friday and then return to their own homes for the weekend.

In the past some children were also accommodated at the hostel during school holidays; some other children remained at the hostel over weekends at their parents’ request or when it was felt to be in the interests of the child. Because of staffing difficulties experienced during 1964 the hostel functioned mainly as a five-day hostel and it was only possible to give short term care to 16 children.

The following table gives details of admissions and discharges during the year:

<i>In residence at 31.12.62</i>	<i>Admitted during 1963</i>	<i>Discharged during 1963</i>	<i>In residence at 31.12.63</i>	<i>Short term Care Admissions during the year</i>
12	1	4	9	16

Five-Day Hostel for Children, “The Walnuts,” Bletchley.

This five-day hostel was opened in May, 1964 in order to provide in Bletchley the same services as those provided at “Rosebank” in Aylesbury. It does, however, provide an additional service in that it accommodates a small unit of three autistic, or non-communicating, children who do not attend the Junior Training Centre. It was found possible to introduce this additional and well worthwhile service when the warden transferred there from “Rosebank” where she showed a special aptitude for dealing with psychotic children.

The psychiatrist from Borocourt Hospital usually calls at “The Walnuts” when he is in Bletchley and discusses with the Senior Medical Officer and the warden any problems which the children present.

Three of the children admitted to the hostel during the year had to be discharged because they were in need of hospital care but nevertheless the facilities provided were particularly useful in doubtful cases where a choice between hospital and community had to be made.

The admission and discharge figures for the year are given in the following table:

<i>In residence on 6.5.64.</i>	<i>Admitted during 1964</i>	<i>Discharged during 1964</i>	<i>In residence on 31.12.64.</i>	<i>Short term Care admissions during the year</i>
4	9	5	8	9

Other Residential Accommodation

(a) Short Term Care

The number of admissions during the year for residential care (e.g. to relieve the family) is shown in the following table; corresponding figures for 1963 are shown in parentheses:

	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
(a) to National Health Service Hospitals ..	24 (33)	18 (16)	7 (14)	6 (7)	55 (60)
(b) to Local Authority residential accommodation	22 (15)	5 (6)	— (—)	3 (4)	30 (25)
Total .. ..	46 (48)	23 (22)	7 (14)	9 (11)	85 (85)

Permanent Care

The number of patients on the waiting list at the end of the year for admission to a psychiatric hospital for mentally subnormal is given below; corresponding figures for 1963 being again shewn in parentheses:

	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
(a) in urgent need of hospital care .. ..	18 (10)	11 (11)	7 (7)	6 (4)	42 (32)
(b) not in urgent need of hospital care .. ..	4 (5)	9 (7)	8 (7)	4 (3)	25 (22)
Total .. ..	22 (15)	20 (18)	15 (14)	10 (7)	67 (54)

All those on the waiting list are quite unsuitable for life in the community or in a hostel and throw a considerable burden on their families by remaining at home.



## Registered Homes

The following private homes are registered in this County under the Mental Health Act, 1959:—

<i>Description</i>	<i>Name</i>	<i>Registration</i>
Residential Home	Lynwood, Woburn Sands	For 6 severely sub-normal adult males.
Residential Homes	Mount Tabor, Wingrave	For 7 severely subnormal adult females and 12 severely subnormal girls (aged 5—16 years).
Residential Hostel	National Society for Mentally Handicapped Children, Slough.	For 15 male and 13 female severely subnormal residents.

## VOLUNTARY ORGANISATIONS

### Social Clubs

The club in Aylesbury met weekly with an average attendance of 14 girls. Activities included knitting and embroidery as well as dancing and games. A fashion display of shoes was given by a local firm and entertainment has been provided on several occasions by a conjurer.

The club in Bletchley, run by the local society for Mentally Handicapped Children, has met weekly since March with an average attendance of 30 boys and girls. Activities included dancing and organised games.

The club in Slough, run by the local Society for Mentally Handicapped Children, met twice weekly with an average attendance of 50 boys and girls. Activities included dancing, film shows and arts and crafts.

The County Council made a payment of £1 per session towards the cost of club leadership in respect of the three clubs.

### Buckinghamshire Voluntary Association for Mental Welfare

Mr. H. G. Sackett, Honorary Secretary, kindly submitted the following report on the work of the Association during 1964:—

“ This Association’s main work is now its function as a ‘ care committee ’ for the mentally disordered. During the year twenty-nine grants were made to help patients whose needs could not be met from statutory sources. These grants have included the provision of bedding and waterproof sheeting, clothing and general grants. Assistance has also been given to enable holidays to be taken either by payment for maintenance or fares. Owing to the reduced income from Sunday Cinematograph Funds, postal orders were not sent out as formerly at Christmas, but 97 parcels of groceries were given to needy families.

Two hundred and twenty passengers travelled on the special bus which the Association organises to enable relatives from the Aylesbury, Amersham and High Wycombe areas to visit patients in Borocourt Hospital more easily.

At the Annual General Meeting which was held in St. John’s Hospital, Stone, in June, a special effort was made to interest industry in problems associated with the care of the mentally disordered and a talk was given by Dr. K. Duncan of the Atomic Energy Establishment, Harwell, to an audience which included many representatives from local firms.

The Association has continued to nominate a member of the Executive Committee who has been co-opted to the Health Committee of the County Council and has kept in touch with mental health work being carried out nationally by sending delegates to meetings of the National Association for Mental Health.”

## PREVENTIVE PSYCHIATRY

For the last four years the Medical Directors of two Child Guidance Clinics in the County have devoted two sessions each week to “ Prevention ” in the mental health field and I give below their reports:

Dr. Edith M. Booth:

“ In the Aylesbury and North Bucks areas, two, not three, sessions as stated in last year’s report, are allotted exclusively to the practice of Preventive Psychiatry. Nevertheless, some of the time available in the Child Guidance Clinics is also used in Preventive work.

Preventive work in the Clinics is largely concerned with safe-guarding as far as possible the future mental health of individual children. As a result of advances in the specialities of Child Psychiatry, Paediatrics and Neurology, it has become possible to identify with a high degree

of probability the "vulnerable child," that is, the one who, in the face of environmental stress will become emotionally maladjusted. A degree or type of stress to which the stable child is immune may well lead to psychological illness in one who is for some reason prone to emotional instability. Incidentally, emotional disturbance is not in any way "disgraceful" and it is unfortunate that there are still people to whom it seems to be synonymous with moral weakness or lack of will power and self control. There are many people of high ability and outstanding integrity who, at some time in their lives, have been in a state of instability.

The Ministry of Health is interested in vulnerable children and many Local Authorities are compiling registers of "Children at Risk." Many of these children are, as a result of injury or illness sustained before, during or after birth, suffering from slight damage to the brain. Unfortunately, unlike children with an obvious physical handicap such as blindness, deafness or spasticity, children with minimal brain damage have no visible symptom which arouses sympathy in parents, teachers, neighbours and magistrates. Indeed, the very symptoms of their illness (restlessness, inattention, spitefulness, temper tantrums, constant attention-seeking, inability to learn at school) are such as to invite criticism and punishment rather than understanding. A child can also become "at risk" as a result of such factors as physical illness, a specific learning difficulty—e.g. word blindness—or deprivation of affection and by the many combinations of these which present with great frequency in the cases referred to Child Guidance Clinics. It is an essential part of the work of our clinics to identify children 'at risk' and with the co-operation of parents, teachers and educationists to ensure that due allowance is made for their liability to break down in the face of stresses in the home, school and community.

As well as on humane grounds, it would seem to be, in terms of public money, economical to protect these vulnerable children from avoidable stress which may, sooner or later, in their lives precipitate mental breakdown: mental illness, at any age, is tragic for the individual and his family, and expensive to the community.

There are many measures which can be taken to safeguard these vulnerable children from severe, maybe lifelong, maladjustment, mental illness and often delinquency, all of which are harmful not only to the individual but to the whole community. Almost all these children 'at risk' are emotionally and socially immature and achieve maturity, if circumstances are propitious, at a later age than do more fortunate children who are by and large "normal" and "stable." Due allowance should be made for their relative immaturity when they are compared with others of their age group. Thus it follows that a vulnerable child who is, in terms of his chronological age, due for admission to an infant school may instead need a nursery school. A child who should, on age grounds, be in a junior school may still need the methods of an infant school. Children should be educated according to their mental, social and emotional age rather than their age in years, however much this may interfere with administrative tidiness.

Some of these children need small intimate classes, some a remedial class, some a class for emotionally maladjusted children—we have far too few of all of these provisions. A small proportion of children, especially if their parents cannot be helped to meet their needs, need schooling in carefully chosen residential schools for disturbed children.

The two sessions devoted exclusively to preventive psychiatry have been used much as in former years. Preventive Psychiatry could with profit be extended in many directions and the demands made on the service continue to increase as it becomes known in the community that there is such a service. I much regret that, except in a few cases, it has not been possible to hold discussion groups with teachers and others who by virtue of their position in the educational world have much influence on the lives of children, both normal and disturbed. Nevertheless, the Educational Psychologists and Psychiatric Social Worker are undertaking useful work in this direction and it seems to be appreciated in many quarters. I still hold the view that, with the limited time and staff at our disposal, it is preferable to deny demands rather than to meet them imperfectly. Preventive work to be worthwhile is very time-consuming.

Discussion groups and individual interviews with house parents, child care officers, nurses, health visitors, midwives, probation officers and women police officers, have continued as in former years. In addition, I have continued the work described in last year's report with selected families who have a handicapped child.

It was gratifying to be asked for an opinion as to the management of a child's future by a divorce court judge sitting in Chambers. This would seem to indicate that the usefulness of preventive psychiatry is becoming recognised outside the Medical Profession.

I have also used some of the sessional time in discussion with Marriage Guidance Counsellors about cases, usually those with psychiatric symptoms, which they have found difficult.

It is with pleasure that I record that Probationer Women Police Officers taking a special course in Aylesbury spent an afternoon in a most interesting discussion with me. I was impressed by their willingness to discuss their work and their personal attitudes towards it. They constitute an important group of social workers. I look forward to further meetings of this kind and would like to extend these discussions to male members of the force. Evening lectures and talks to



interested bodies, such as Mothers' Clubs, Parent/Teacher Associations, etc., have continued as in former years.

Once again I thank all those in various departments and voluntary organisations who help me so much in the work. Their interest is an encouragement in working in a field where results are not as readily apparent as in clinical practice. In this field one does not, as in clinics, have the satisfaction of seeing individual patients cured or relieved. Nevertheless, it is always a joy to introduce people to new skills and later to see them putting them into practice. As our predecessors eventually eliminated faulty methods of living, so may we in time help to build the foundations of a more mentally healthy society than we at present enjoy."

Dr. Mildred I. Pott:

"I am continuing with the crisis consultation scheme for families suffering bereavement which was described fully last year and with teaching of professional workers in the community by means of group discussions. These organised discussion groups help to make trained workers in the community more aware of psychological problems in the families they deal with, increase their sensitivity to difficulties of personal relationships and give them greater confidence in helping families in difficulty and distress. These workers can sometimes prevent problems developing and they may be active agents in spreading attitudes and ideas that are mentally healthy. They are also excellent liaison officers for the clinic in the community and can prepare families who need child guidance treatment for referral to the clinic. In these discussion groups I have met this year Health Visitors, Probation Officers, Child Care Officers, Teachers, Clergy and Ministers. In addition to group work much time is taken in consultation with individual social workers on cases which may never be referred to the Clinic but are giving concern to the worker.

The Crisis Consultation Service continues to help families who have suffered a bereavement and in all my group work with professional workers, with parents and with Church and social clubs I always make an opportunity to talk over the emotional difficulties of bereavement and emphasise the help that neighbours, friends and relatives can give by helping the family express their feelings so that they can emerge from suffering stronger and more mentally healthy rather than emotionally restricted and handicapped and carrying a load of guilt and anxiety.

Our Slough Scheme is of interest to many who work in the psychiatric and social work field outside our area but we are not able to do sufficiently thorough or large scale work to justify writing it up in the scientific journals though I hope to describe the Scheme briefly in one of the national weekly papers which may encourage others to attempt similar and possibly more scientific work on a larger scale with bereaved families. This work if well done is certainly of value in primary prevention of mental illness."

### PSYCHIATRIC FIRST AID

It is with pleasure that I include in this report the following article by Mildred Pott and Hilda Blank on the Crisis Consultation Service run from the Child Guidance Clinic in Slough. The article was published in the "New Statesman" on the 18th February, 1965 and is reproduced by kind permission of the Editor.

"In 1960 two boys were referred to the Slough Child Guidance Clinic within a short time of each other. John, aged 12, was said to be an intelligent boy, but failing in school, unable to make friends, and depressed. The history showed that four years earlier he and his brother of six were crossing a road when the younger boy was run over and killed. John's treatment was long and difficult and only partially successful. Peter was referred for being apathetic, drifting, and likely to get into a delinquent group. He was 14 years old, the son of a widowed mother. He was 8 years old when his father had medical treatment for peptic ulcer and went for convalescence to relatives. One morning he told the boy he was thirsty, Peter fetched a cup of water which was drunk straightaway and another asked for. When the boy returned his father was dead. Peter showed no signs of obvious grief and never mentioned his father afterwards. These families came for help four and six years too late for satisfactory treatment, but they prompted the development of a Crisis Consultation Service for families suffering a death.

Buckinghamshire was the first county to make any provision for preventive work of this type to be undertaken by child guidance staff. In 1960 one psychiatric session a week was allowed and in 1961 two social work sessions were added. At first the psychiatric session was used for group discussion with professional men and women in the area, teachers, health visitors, clergy, social workers, doctors and others. Our aim was to help them become more sensitive to psychiatric aspects of their work and more confident in dealing with emotional problems. Now the session is used for group work or for crisis consultations.

We are concentrating on a psychiatric first aid service to bereaved families. We aim at meeting the needs of stable mature families who have previously had no need of psychiatric services but who have suffered the sudden death of a child or parent. We are prepared to help any who have been bereaved but we tend to get a greater proportion of cases where there have been accidents

or unexpected death. We believe that the maximum benefit can be obtained if treatment is available at the moment of crisis when the anxiety is most acute.

The Crisis Consultation Service limits treatment to the immediate situation and to the guilt, fear and grief aroused by it. When the psychological equilibrium of the family has been upset by a sudden death there is a period of some weeks when there is a state of disequilibrium and the anxiety can be overwhelming. Every family finds some solution for themselves and emerges from the experience having regained an equilibrium, but whether they emerge mentally more healthy or unhealthy will depend on how they met the experience and dealt with the disturbing emotions. Our aim is to support the family through the period of disequilibrium and enable them to externalize their grief, share their fears and guilt and work through their anxieties. They may then emerge from their suffering mature and mentally healthy, rather than emotionally mal-adjusted, depressed and restricted. We sometimes see the family together, sometimes individually and we find that if we can be with them in their distress for six to eight weeks then it is usually possible for our support to be withdrawn and some member of the family, a neighbour or a friend can become the supporting figure.

The main difficulty is getting in touch with the family at the earliest possible moment. We hear of the accident or sudden death from the local paper but how to make contact is the problem. Preparatory group discussion and development of community contacts are important. We rely on people who know our work and can encourage the family to seek our help. At first we had to wait weeks and months before symptoms caused referral to the clinic. Now if families are not immediately referred we write direct to them and offer help, explaining what our service is and in what way we might be used.

In all we have seen 46 cases for treatment at the clinic and have advised on the handling of similar cases in five instances when approached by social workers, clergy and others. The time between the death and the family being given help has shortened. We used to think we were fortunate if we saw the family within six weeks of the death but in our last case (where a girl of 4 years old had been drowned) we were able to see the parents and the brothers of 5 and 7 years old within two days of the accident and before the inquest."

### STATISTICS

#### Hospital Admissions

For observation	(Section 25)	..	..	..	..	..	..	..	177	(130)
For treatment	(Section 26)	..	..	..	..	..	..	..	35	( 30)
In emergency	(Section 29)	..	..	..	..	..	..	..	81	(112)
By Order of Court	(Section 60)	..	..	..	..	..	..	..	—	( 3)
									293	(275)

Corresponding figures for 1963 are shown in parentheses.

#### Guardianship

At the end of the year there was a total of five cases under guardianship.

#### Visits and Interviews by Mental Welfare Officers

The visits made and interviews given by welfare officers during the year are set out below:—

<i>Mentally Ill</i>			<i>Subnormal and Severely Subnormal</i>		
<i>Interviewed at office</i>	<i>Visited at home</i>	<i>TOTAL</i>	<i>Interviewed at office</i>	<i>Visited at home</i>	<i>TOTAL</i>
335 (352)	3,256 (2,849)	3,591 (3,231)	167 (242)	2,679 (2,308)	2,846 (2,550)

Corresponding figures for 1963 are shown in parentheses.

#### Occupational Therapy

Thirteen patients received instructions from the Council's occupational therapists either at their own homes or at the occupational therapy workshops.



**Cases under Care and Cases referred**

The arrangements continued during 1964 whereby the Mental Welfare Officers visited the homes of children leaving special schools for the educationally subnormal, in order to offer advice and guidance to the parents. These officers also continued to provide community care or what is really friendly supervision for all children found to be educationally subnormal during their school life.

The good liaison between the Department and that of the Chief Education Officer was maintained during the year; the friendly relationships between Youth Employment Officers and Mental Welfare Officers helped considerably towards the suitable placement of " special school " leavers. The arrangement whereby a Headmaster of a special school for the educationally subnormal holds a case conference before the end of each term which the Mental Welfare Officer, the Youth Employment Officer and the teachers concerned attend, proved to be of particular help since each pupil due to leave the school can be interviewed and his (or her) future employment discussed.

Details of cases under care at the end of December, 1964 and of those referred during the year are shown in the following tables:

NUMBER OF CASES UNDER LOCAL HEALTH AUTHORITY CARE ON 31st DECEMBER, 1964

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Total subnormal and severely subnormal		Grand Total
	Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		Under 16		Over 16				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Under 16	Over 16			
(a) Total number of cases involved	1	—	204	319	—	—	—	—	4	6	274	198	131	95	165	159	236	796	1,556
(b) Attending day training centre . . . Awaiting entry thereto . . .	—	—	1 2	2 —	—	—	—	—	—	1 —	7 8	6 5	101 2	66 2	71 4	50 6	168 4	134 23	305 29
(c) Resident in residential training care . . . Awaiting residence therein . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Receiving home training . . . Awaiting home training . . .	—	—	1	—	—	—	—	—	—	—	5	2	—	—	2	3	—	12	13
(e) Resident in Local Authority home/hostel . . . Awaiting residence in Local Authority home/hostel . . . Resident at Local Authority expense in other residential homes/hostels . . . Resident at Local Authority expense by boarding out in private household . . .	—	—	—	14	—	—	—	—	—	1	—	8	15	2	—	4	18	12	44
	—	—	1	—	—	—	—	—	—	—	4	1	—	1	1	6	1	12	14
	—	—	—	3	—	—	—	—	—	—	—	—	2	—	—	3	2	3	8
	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	2	—	2	6
(f) Receiving home visits not included under (b) to (e)	1	—	197	300	—	—	—	—	4	4	251	178	33	28	88	87	69	604	1,171

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1964

Referred by	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Total subnormal and severely subnormal		Grand Total
	Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		Under 16		Over 16				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Under 16	Over 16			
(a) General practitioners .. ..	—	—	63	112	—	—	—	—	—	—	2	—	—	—	1	—	3	178	
(b) Hospitals on discharge from in-patient treatment .. ..	—	—	36	50	—	—	—	—	—	—	—	1	—	1	1	—	2	89	
(c) Hospital after or during out-patient or day treatment ..	—	—	21	28	—	—	—	—	—	—	—	—	1	2	—	3	1	53	
(d) Local Education Authorities ..	2	1	—	—	—	—	—	—	6	4	28	17	22	20	1	1	52	47	102
(e) Police and Courts .. ..	—	—	18	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31
(f) Other sources .. ..	—	—	37	56	—	—	1	—	—	1	10	5	5	4	6	5	10	26	130
TOTAL ..	2	1	175	259	—	—	1	—	6	5	40	23	28	27	7	9	66	79	583

## SECTION C.—NATIONAL ASSISTANCE ACT, 1948

### WELFARE SERVICES

#### Welfare Accommodation

During the year under review, one purpose-built home of forty beds, known as Gurney House, Slough, was completed. The female residents of the "serviced accommodation" at Upton Hospital were transferred to this new Home which was opened on 28th May, this being in accordance with the County Council's policy of replacing that particular type of accommodation as quickly as possible.

I mentioned in my Annual Report for 1963 that a new Home was being built at Winterton House, Wendover, and that it would be brought into use in 1964. Unfortunately, this was not possible because of delay in completing the contract.

Despite increased use of beds provided by voluntary bodies and other local welfare authorities the number of old people awaiting admission to the Council's Homes at the end of December, 1964 (443) was 92 more than the waiting list at the end of 1963. Not all these could be classified as urgent.

The Council's hostel at Saunderton, used for the provision of accommodation for the homeless and which was vested in the County Health Committee but administered by the Children's Committee, was transferred to the latter Committee during the year. This change is reflected in the figures relating to accommodation for the homeless which are shown later in this report.

#### Amenities

The Council's practice of making free issues of sweets and tobacco to residents in Homes for the elderly was reviewed during the year and it was decided that it should be discontinued. The money provided for this particular "service" in the past is now used for the provision of outings and entertainments from which the residents can all benefit equally.

More of the Council's Homes now benefit from the trolley shop service; residents can make their own purchases from these "shops" and the service is particularly appreciated by those whose handicaps make it difficult for them to visit shops away from the Homes.

It gives me pleasure to report that the genuine and helpful interest shown to residents by both voluntary organisations and individuals in past years continued during 1964; this is a great boon and especially for those old folks who are left without relatives.

#### Statistics

The following table shows the number of persons in accommodation provided in accordance with Part III of the National Assistance Act, 1948, on the 31st December, 1964:—

	MALES	FEMALES	TOTAL
(i) Homes provided by the Council .. ..	129 (106)	304 (268)	433 (374)
(ii) 'Serviced' Accommodation .. ..	78 (65)	— (23)	78 (88)
(iii) Homes provided in conjunction with Bucks Old People's Welfare Committee ..	8 (7)	44 (51)	52 (58)
(iv) Katharine Knapp Home for the Blind ..	5 (5)	15 (15)	20 (20)
(v) Homes provided by voluntary bodies and other local authorities .. ..	88 (79)	123 (126)	211 (205)
(vi) Temporary accommodation for evicted families .. ..	— (13)	— (16)	— (29)
Totals ..	308 (275)	486 (499)	794 (774)

The number of persons awaiting admission to accommodation on the 31st December, 1964, was :—

Males .. ..	116 (96)
Females .. ..	327 (255)
Total ..	443 (351)

Admissions to welfare accommodation during the year were as follows:—

Permanent admissions to Council's Homes, etc. .. ..	241 (223)
Holiday admissions .. ..	143 (130)
Periodic admissions .. ..	48 (49)
Temporary admissions .. ..	8 (9)
Homes provided by voluntary bodies, etc. .. ..	56 (53)
Total ..	496 (464)

In all the above tables the corresponding figures for the previous year are shown in brackets.



Chiropody

The Council's scheme for the provision of chiropody continued during 1964 to make treatment available to persons of pensionable age who are in receipt of a supplementary allowance from the National Assistance Board, all registered blind persons, registered handicapped persons and expectant and nursing mothers.

This treatment, for which no charge is made, is provided by private chiropodists who are paid in accordance with the following table of fees:—

Initial examination (not payable when treatment is given on the same date)	..	..	..	..	..	..	..	..	5s.	0d.
Treatment at surgery	..	..	..	..	..	..	..	..	9s.	0d.
Dressings charge for re-dressing of septic cases at surgery	..	..							4s.	0d.
Domiciliary visits	..	..	..	..	..	..	..	..	15s.	0d.
Dressings charge for re-dressing of septic cases at patient's home	..								10s.	0d.

Note (a) Half the appropriate fee is paid by the County Council for appointments made but not kept by patients.

(b) An allowance of 9d. per mile is made in respect of all domiciliary treatments.

Where treatment cannot (because of the patient's age or handicap) be provided in the chiropodist's surgery, arrangements are made for the private chiropodist to visit the patient's home. Domiciliary treatment is, however, only authorised at the request of a general medical practitioner.

In the case of private chiropodists newly joining the scheme the rate recommended by the Whitley Council is applicable, i.e. nine shillings for a surgery treatment and fifteen shillings for a domiciliary treatment; no other fees are chargeable.

A County Chiropodist who holds a full-time post and who is responsible for the day-to-day administration of the chiropody scheme provides treatment at eight of the Council's Old Persons' Homes; at the other homes the necessary treatment is provided by private chiropodists employed on a sessional basis.

The relationship between the Council and the private chiropodists participating in the scheme continued to be good and this is no doubt due to the work of the liaison committee to which the Council and the chiropodists appoint an equal number of representatives.

The following table gives details of chiropody services provided by private chiropodists during 1964, figures relating to 1963 being shown in parentheses:—

Number of persons treated	..	..	..	..	..	..	..	2,618	(1,846)
Number of new patients who received treatment in 1964	..	..						1,005	(618)
Treatments given at chiropodists' surgeries	..	..	..	..	..	..	..	6,874	(5,114)
Treatments given at patients' homes	..	..	..	..	..	..	..	6,737	(2,898)
Dressings when full treatment was not given	..	..	..	..	..	..	..	157	(99)
Failed appointments	..	..	..	..	..	..	..	406	(279)
Number of sessions carried out by chiropodists under contract	..							61	(44)
Chiropodists employed at 31st December, 1964:									
Full-time	..	..	..	..	..	..	..	1	(1)
Under contract	..	..	..	..	..	..	..	48	(41)

During the year the County Chiropodist carried out an investigation into the incidence of verruca pedis amongst the pupils of six County Secondary Schools. The following table gives brief details of that investigation:—

No. of Girls Inspected	No. of Verruca Cases in Girls	No. of Boys Inspected	No. of Verruca Cases in Boys	Total No. of Pupils Inspected	Total No. of Cases of Verruca	No. Already being Treated by Hospital or General Practitioners
2,970	69	1,482	32	4,452	101	28



## Co-operation between the Welfare Authority and Local Housing Authorities

### Guaranteed Rent Scheme

The object of this scheme, which was brought into operation in 1957, is to prevent persons being evicted from local authority houses.

The intention is that if a local authority find one of their tenants running into arrears the County Council should be notified before the arrears have accumulated too far, and if the case is then approved for the rent deficiency scheme the tenant remains in the house while officers of the County Council make efforts to help in rehabilitating the family, so far as may be necessary, in their way of life and approach to the payment of the rent. In the meantime, the County District Council is safe-guarded to the extent of half of the accumulation of further arrears for the period for which the Council's guarantee lasts. If it proves impossible to achieve success within this guarantee period then it is accepted that the local authority concerned will have to proceed with eviction in the ordinary way.

The scheme was started for an experimental period of one year, but the County Council decided that in view of the success achieved during that year, it should continue indefinitely.

It may be of interest to mention that this guaranteed rent scheme was mentioned in the Appendix to the Ministry of Health Circular No. 4/59 dated 18th March, 1959, dealing with the problem of homeless families.

Evidence arising from the operation of the scheme suggests that it has considerable advantages both to the County Council and to the housing authority and perhaps more especially to the family concerned.

At the end of December, 1964, the following local authorities were operating the scheme:—

Aylesbury, Wycombe and Slough Borough Councils; Bletchley, Eton, Linslade, Marlow and Wolverton Urban District Councils; Aylesbury, Buckingham, Wing and Winslow Rural District Councils.

Another six County District Councils have had for varying periods families receiving advice and support from the County Council's officers but were not operating at the end of the year.

The following statistics give some indication of the extent of the work carried out under the scheme:—

	<i>Men</i>	<i>Women</i>	<i>Children</i>
Families dealt with to date under guarantee .. ..	69	83	377
Families given similar help and advice but not included in Guaranteed Rent Scheme .. .. .	45	47	155
Families who were dealt with under Guarantee who continued to receive help when no longer in arrears	6	6	33
Families evicted—4 .. .. .	4	4	14
Children from such families taken into care:			
(a) Guaranteed .. .. .			5
(b) Guarantee refused by Rural District Council			5
			<hr/> 10 <hr/>
Families rehabilitated who were under Guarantee .. ..	30	32	153
Families rehabilitated who were dealt with similarly but not subject to Guarantee .. .. .	25	28	98
At present being dealt with under Guarantee .. ..	17	19	87
At present being dealt with similarly but not subject to Guarantee .. .. . (Two families were withdrawn from Scheme when National Assistance Board paid rent direct to District Council)	15	18	74
Amount paid to District Councils by County Council from commencement of Scheme—18th October, 1957 to 31st December, 1964 .. .. .	£214	8s.	7d.
Amount refunded to County Council to date .. ..	£15	13s.	7d.

### Meals on Wheels

There was a considerable increase in the number of meals supplied during 1964 to old people living in their own homes; the total of 55,781 being 13,726 more than the figure for 1963.

The meals which were delivered to the old folks by the Women's Voluntary Service were mainly purchased from restaurants but 842 were supplied from the Council's Old Persons Home at Wing Lodge, Wing.

The County Council paid a subsidy for these meals at the rate of one shilling per meal and the total cost of subsidising the service which is, of course, run by the Women's Voluntary Service, was £2,789 1s. 0d.

Travelling expenses paid to helpers in this service amounted to £449 16s. 3d.

### Physiotherapy

Physiotherapy continued, during 1964, to be given to residents in the Council's old persons' homes and it proved of great help in preserving their physical independence.

In all, 167 residents received 5,807 treatments which were made up as follows:—

Exercise .. .. .	2,322
Heat treatment .. .. .	1,679
Faradism .. .. .	33
Massage .. .. .	1,672
Wax treatment .. .. .	101

### Protection of Property

When persons living alone were admitted to hospital or old persons' accommodation and there was nobody suitable to look after their home, the County Council frequently held the keys. In such cases, the electricity, gas and water supplies were disconnected, tanks drained, an inventory taken and valuables removed to safety.

In appropriate cases, arrangements were made for the care of farm animals and domestic pets, and for the carrying on of a patient's business.

During the year, investigations were made into several cases in the community where it seemed that the persons concerned were, through mental disorder, in need of help and advice regarding their financial affairs and property.

Several hospital cases were dealt with where Trustees or other persons dealing with a deceased's estate were not carrying out the provisions of the Will or Trust Deed, or had exercised their discretion in a manner detrimental to the patient. In such cases, negotiations were initiated and the patients commenced to receive the benefits to which they were entitled.

The problems involved in dealing with the property of alcoholics are most intricate and difficult to overcome.

Other cases included bankruptcy, abandoned vehicles, eviction of trespassers in a patient's home, re-possession by hire purchase firms of furniture, cars and other items, and the maintenance or termination of tenancies.

Where necessary and appropriate, application was made to the Court of Protection for the appointment of a Receiver to manage and administer a patient's affairs. When no other suitable person was available, an officer of the Council or the Official Solicitor was usually appointed.

### Co-operation between Welfare Authority and Regional Hospital Board

Dr. A. W. Hogg, Consultant Physician in Geriatrics, appointed jointly by the County Council and the Oxford Regional Hospital Board, kindly submitted the following report:—

#### *Hospital Services*

“The total number of geriatric beds remained as in 1963. Work commenced on the new Geriatric Unit at Amersham in May, and 90 beds should be available in this Unit in 1966 to replace the existing inadequate facilities. The development of the new High Wycombe Hospital will also make available 40 further Geriatric beds in the existing War Memorial Hospital.

The major need in the area at present is the provision of adequate Day Hospital facilities to bring the Geriatric Services up to an acceptable level.

#### *Welfare Services*

During the year there has been increasing pressure on Welfare Accommodation. This applies more particularly to those resident in the community rather than those in hospital beds awaiting

Welfare Accommodation. This has resulted in delays occurring in the admission of those whose needs it would have been desirable to meet earlier."

### **Buckinghamshire Old People's Welfare Committee**

Mr. R. L. G. White, Honorary Secretary of the Buckinghamshire Old People's Welfare Committee, kindly let me have the following report on the work of the Committee during 1964:—

"Six new Old People's Clubs were opened during the year, making a total of 112 Clubs in the County, all of which are in a flourishing condition.

Two new Local Committees have been formed in recent months, making a total of 17.

Luncheon Clubs have been opened in three centres catering for the mobile aged. These are much appreciated and it is hoped to extend these Clubs in the near future.

A County Exhibition of articles made by Club members was held at Aylesbury in May last, when over 400 articles were submitted from 46 Clubs. The Exhibitors were congratulated on the high quality of the work submitted, and in view of the popularity of the event it is hoped to arrange an Annual Exhibition.

Several Courses have been held on "Preparation for Retirement," and Refresher Courses on old people's welfare work generally have been well attended.

The statutory officers have again been of great assistance to the Local Committees who are grateful for their co-operation."

### **WELFARE OF THE HANDICAPPED**

#### **Work of the County Medical Social Workers**

During the year, 1,118 new cases were referred and in all a total of 2,053 persons were helped as against 1,968 in 1963. North Bucks was the area which had a rise in the number of new cases and in that area there was a substantial increase in the work of the medical social workers. In all other areas the number of new cases decreased slightly, but on the other hand more cases were carried over from the preceding year.

The sources of referral of these needs were as follows (some cases were, of course, referred from more than one source):—

Hospital .. .. .	226
Chest Clinic .. .. .	134
Other health and welfare staff .. .. .	191
Private doctors .. .. .	327
Outside agencies .. .. .	107
Relatives and friends .. .. .	102
Other .. .. .	84

These referrals were much in the same proportion as last year. Hospitals and general practitioners send more than half the cases and referrals from general practitioners are the largest single group. Only twelve per cent of the work of the medical social workers now comes from the chest clinics and amongst those particular cases are those suffering from chest diseases other than tuberculosis.

The following table of categories of medical social problems shows that the severely and permanently handicapped were the largest single group of persons referred for help during the year and that geriatric patients were the second largest group. Both of these figures are an increase over the corresponding figures for 1963.

#### *Medical/Social Category*

Substantially and permanently handicapped ..	781
Short term illness and for terminal care ..	169
Long term illness .. .. .	326
Geriatric .. .. .	564
Family or social problems .. .. .	109
Tuberculosis .. .. .	115
Mental illness .. .. .	55
Confusion .. .. .	27
Other .. .. .	28

Some of the cases helped during the year were placed in more than one category.

Most of these handicapped persons were unable to work. A few were working part-time and in special circumstances such as from their own homes or under some kind of sheltered conditions.

A great many were so severely handicapped that any work they can do is more of a diversionary nature than a gainful occupation. While occupational therapy at home is most valuable the need for



some of the handicapped to attend workshops or centres is apparent. Meeting and participating in group activities has a therapeutic value and helps to counteract the tendency to become "shut in" and withdrawn. In an urban area such as Slough this is easier to arrange than in the rural and mixed urban and rural areas of the County where transport is always a difficult problem. In one instance a Care Committee is using voluntary funds to help with 'bus fares to one of the occupational therapy workshops.

Generally, the provision of transport for the handicapped, whether from statutory or voluntary sources, presents a most difficult problem since it tends to absorb too great a part of the available resources. The whole position is under review at present.

The problem of loaning nursing equipment and aids to living has become a serious issue since a greater number of handicapped people, including those with very severe handicaps, are being maintained in their own homes. One person will often require several items of equipment and as a result much expensive equipment is on loan.

More experience in caring for handicapped persons in the community, and on the part of manufacturers, in designing useful equipment, has resulted in demands for a bewildering complexity and diversity of items of equipment which are increasingly difficult to meet.

Some of the handicapped and their families are facing a downward trend in the disease process. The time comes when all the resources of domiciliary care, however carefully organised and extended, become inadequate to give the amount of nursing care required. At this stage the search for suitable hospital care shifts from the immensely valuable periodic or intermittent admissions to permanent vacancies. The former are hard enough to come by; the latter practically impossible to find, especially for the young or middle-aged chronic sick. Everything possible is done to enable families to carry on with the care of the handicapped person at home and sometimes they bear what are almost impossible burdens. It is not possible to assess accurately the long-term effects of this immense stress nor the courage with which both patient and family face prolonged disability and illness.

The strain on the resources of both the family and the community care services has been very clear and it is perhaps as well to remember that of neither is there an unlimited stock.

In all, 155 persons were assisted in finding suitable nursing home or hospital vacancies and 211 requests for recuperative holidays were received. Of these 211 cases, 199 had the benefit of recuperative holidays arranged under the County Council's scheme; the remaining 12 had other arrangements made for them by the County Medical Social Workers either through the hospital service or privately. Financial responsibility was accepted for another 23 cases who were referred from the hospital services.

### **Occupational Therapy**

A total of 511 patients received treatment in their homes or at one of the occupational therapy workrooms during the year. This figure represents an increase of 27 cases on the previous year but it should be recognised that the department is suffering from the present national shortage of occupational therapists and this case-load has only been carried by cutting down time spent on each domiciliary visit. For the same reason a slightly larger number of patients were discharged as the present staff situation demands a more careful assessment of the point at which a patient has derived maximum benefit from treatment. Of the 122 patients discharged during the year, 24 were able to resume work or household duties; 8 left to reside in other districts; 14 were discharged to hospital, homes or training centres; 27 were temporarily discharged after treatment; 8 were too ill to continue treatment and 41 died.

There were 127 new cases, 8 of whom had previously been treated, discharged and referred again by their doctors because of a further breakdown in health. It seems inevitable that as the years go on the numbers of old cases being referred back for further treatment will increase.

The department and workroom enjoyed the first full year in Walton House, Aylesbury. The conversion of existing premises to specialised needs is never a simple matter and there were indeed some initial difficulties but the end result has been satisfactory. The workroom functioned at full capacity throughout the year and it was possible, with the valued co-operation of local firms, to maintain a steady flow of factory outwork. The Bletchley workroom continued to be open for two days each week. A new workroom is being built in the centre of the town and, as with Aylesbury and Slough, it is hoped by January, 1966, to have this open every day and so accommodate patients from a rapidly increasing population in the area.

The old persons' homes in the County were visited on 438 occasions by the occupational therapists but, again due to staffing difficulties, it was not always possible to maintain the regularity of these visits which are so much appreciated by the old people. The Disabled Men's Club in Slough was also visited to give help with crafts and hobbies.

Success in the sale of patients' craft work is of great importance to them and thanks are again offered to many friends, old and new, the High Wycombe Helping Hand Shop and the staff of the County Offices, for their generous help.

The following report was received from the Slough Work Centre:—

“ The Slough Work Centre continued its work during 1964, dealing with 48 physically and mentally handicapped patients in the area. Of these, 26 are still attending, 5 have returned to employment and 2 are receiving specialist training elsewhere.

Local factories continued to provide employment in useful work and now that the Centre has built up a reputation it has not been necessary for the Therapists to search for new work, although they still maintain contact with the factories. The therapeutic value of the light industrial outwork again proved itself.

The average number of patients attending the workshop daily was 16 but with the provision of transport this number could be increased by bringing in patients who are unable to use public transport and provision is being made for this in 1965. The centre is well able to accommodate more patients and could be of genuine use to local light industry and has proved a valuable contribution to the effective occupational therapy and treatment of many people who have widely varying disabilities.”

**Distribution of Car Badges to Disabled Drivers**

The purpose of this scheme, which has been in operation since 1961, is to assist severely disabled drivers who may have parking problems due to difficulty in walking more than a short distance.

Each eligible driver is issued with distinctive yellow badges which are displayed on the front and rear windscreens of their vehicle. The badges are for identification only and confer no legal rights or privileges. The police and other road users are, however, able to quickly recognise the handicapped driver and assist them in parking and exercise discretion in their favour whenever possible.

The badges are issued to cover a period of 3 years. During 1964, 8 new badges were issued and 199 have now been issued since the commencement of the scheme.

**WELFARE OF THE BLIND**

**Registration**

There were 824 blind persons on the register on 31st December, 1964, compared with 796 on 31st December, 1963. A total of 111 newly registered blind persons were added during the year under review and there were 23 inward transfers. In all, 98 persons were removed from the register owing to death or to leaving the county, and 8 due to their vision having improved. One of these eight patients was transferred to the register of partially sighted persons.

**Blind Population**

The following table shows the ages of the blind population in the county at the end of the year in accordance with the age distribution required by the Ministry of Health:—

0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 & over	Age N.K.	Total
—	—	1	1	—	12	15	19	16	25	44	75	49	58	214	134	110	51	—	824

**Register of Partially Sighted Persons**

The number of partially sighted persons on the register at 31st December, 1964, was 370 as compared with 353 in 1963. The following table shows the age classification in the form required by the Ministry of Health:—

0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
—	—	24	15	48	58	225	370

**Observation Register**

During 1964 one person removed from the County and two were registered blind. One new case was added to the register and at 31st December there were 36 under observation.



Incidence of Blindness and Partial Sight

The following table gives particulars of the 111 blind and 73 partially sighted persons registered during the year:—

	Cause of Disability					
	Cataract		Glaucoma		Others	
	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted
(1) Number of persons registered during the year .. .. .	29	21	18	2	64	50
(2) Number of cases where treatment was recommended .. .	22	20	14	2	25	43
(3) Number of cases at (2) above which on follow up received treatment	11	13	11	1	18	32

Ophthalmia Neonatorum

During the year, eight notifications of ophthalmia neonatorum were received; six of the children concerned were born in maternity homes.

Employment

(i) **Homeworkers.** On the 31st December there were eleven blind persons employed in the Homeworkers' "A" Scheme by arrangement with the Royal London Society for the Blind, who act as the County Council's agents. Three others were employed in the "B" Scheme. The occupation of these homeworkers were as follows:—

CLASS A				CLASS B			
Basket Makers	..	..	2	Basket Makers	..	..	2
Music Teacher	..	..	1	Hand Knitter	..	..	1
Machine Knitters	..	..	5				
Piano Tuners	..	..	3				

In addition, one braille copyist was employed in the Homeworkers "A" Scheme by arrangement with the National Library for the Blind.

(ii) **Workshop Employees.** On the 31st December, 1964, there were two female machine knitters and one male capstan operator from the County in the London Workshop of the Royal London Society for the Blind. The blind man was formerly employed as a basket maker, but during the year was re-trained to work in the Society's new Light Engineering Department. The Luton Workshop of the Association for the General Welfare of the Blind provided employment in their Soap Department for one blind man on the Buckinghamshire register and a partially sighted man from the county worked as a mat maker in the Royal School for the Blind Workshop at Leatherhead. Two other blind men were undergoing training for employment in sheltered workshops.

(iii) **Other Employment.** The following table gives details of the 81 blind persons in open employment :—

<i>Professional, Administrative and Executive Workers</i>				<i>Craftsmen, Production Workers, Labourers</i>			
Youth Leader	..	..	1	Machine Tool Operators	..	..	12
Social Worker	..	..	1	Fitters and Assemblers	..	..	5
Proprietors and Executives	..	..	2	Inspectors	..	..	2
Journalist	..	..	1	Packers	..	..	5
				Storekeepers	..	..	2
<i>Clerical Workers</i>				Upholsterers	..	..	4
Shorthand Typists	..	..	3	Basket Maker	..	..	1
Dictaphone Typists	..	..	3	Mat Makers	..	..	2
Telephone Operators	..	..	3	Chair Seaters	..	..	1
				Process Workers	..	..	13
<i>Sales Workers</i>				Labourers	..	..	4
Working Proprietor	..	..	1	<i>Service Workers</i>			
Representative	..	..	1	Domestic Workers	..	..	6
<i>Animal Husbandry</i>				Laundry Workers	..	..	1
Poultry Keepers	..	..	5	Railway Foreman	..	..	1
				Cemetery Labourer	..	..	1



## Placement Service

The Ministry of Labour undertakes the placement of suitable blind persons in employment other than commercial appointments which remain the responsibility of the Royal National Institute for the Blind. The Council's staff co-operate in this service by referring those seeking employment to the appropriate agency and supplying any relevant information. The service was widely used during the year.

## Home Teaching Service

The following is a summary of the work carried out through the Home Teaching service during the year:—

Total number of visits	..	..	..	11,508
Visits to give instruction in the subjects shown were made as follows:—				
Braille	..	..	..	51
Moon	..	..	..	21
Handicrafts	..	..	..	164

The Home Teachers made 11,292 visits dealing with the social welfare of the blind and general administration of the service.

## General Social Welfare

The Buckinghamshire Association for the Blind continue to provide for the general social welfare of the blind in the County through their six Divisional Committees. The Social Clubs held at Aylesbury, Buckingham, Chesham, High Wycombe, Slough and Wolverton are well supported and much appreciated by the blind persons who attend.

The Association's practice of making grants for such items as clothing, food, fuel, holidays and braille and talking book libraries is now well established. There has, however, been increased emphasis on the first three of these items during the year as part of the policy of providing more aid for house-bound blind people. In this context, the Association has also commenced a scheme for providing certain essential items of furniture on loan to persons with special needs.

Radios are provided on free loan to all blind people who need them and the Association continues to undertake this work as agents for the British Wireless for the Blind Fund. Other well established services of the Association include the distribution of concession tickets for use on certain public service vehicles, free issue of blind aids and specially adapted games and the supply of handicraft materials at reduced prices.

The supply of braille watches and alarm clocks on free loan has proved a popular additional facility and demand has steadily expanded since it was introduced in 1963.

The party holiday arrangements have been so much appreciated in the past that they were considerably expanded in 1964. Block bookings were made at two hotels and some sixty blind people were enabled to take a holiday in this way. Many individual holidays were also arranged at homes provided by various organisations for the blind and day trips to the seaside and places of interest were arranged during the year.

The exhibitions and sales of work held at the Bucks County Show and in conjunction with the Association's Annual General Meeting now seem to have become regular annual events, as has the display in the shop window kindly made available in Slough by the W.V.S. Previous reports have expressed the view that these exhibitions are a valuable means of making known the work being done in providing for the welfare of the blind. They also help very considerably in displaying publicly the quality of goods made by blind people. This is indicated by the remarkable expansion of the Association's function as a marketing agency in recent years. In 1962/3 £180 worth of such items were sold through the agency of the central office. Sales in 1963/64 totalled £373, whilst it is estimated that the figure for 1964/65 will be well in excess of £500.

The general picture in the field of blind welfare is one of steady expansion and the number of persons requiring assistance continues to rise as the County population grows. In addition, the various articles and services provided for blind people becomes more expensive. The income from voluntary sources has failed to keep pace with these increasing demands and during the year under review the Association therefore applied to the County Council for an additional grant towards their work.

The success of the activities referred to above depends in no small measure on the work of voluntary officers and helpers and it is again a pleasure to place on record an appreciation of their very valuable contribution towards the welfare of the County's blind people.

**The Katharine Knapp Home for the Blind**

There was no lessening of the demand for permanent accommodation in 1964 and at the end of the year there were twenty residents. Fewer men applied for holidays at the home, but there was considerable demand for the female holiday bed. One elderly lady who was originally admitted for a holiday was allowed to become a temporary resident until the bed was required for another applicant. In all, 19 blind persons accepted holiday bookings and the beds were occupied for 45 weeks.

A fortnightly handicraft class for the residents was commenced during the year and has proved to be very popular. An outing to Whipsnade Zoo was arranged and a party of residents was taken by coach to a tea and entertainment kindly arranged by the Denham Women's Institute.

Members of local organisations continue to visit the home to talk and read to the residents and to write letters for them. The services of these voluntary helpers is very much appreciated.

**Deaf Persons**

The Oxford Diocesan Council for the Deaf are the County Council's agents for work amongst the deaf.

The staff of the Diocesan Council consists of a Chaplain, Superintendent, an Assistant Superintendent and four Missioner/Welfare Officers.

There was a considerable increase in the number of persons on the deaf register at the end of the year; the total of 291 being 68 more than the number on the register at the end of 1963. The following table shows how this total was made up:—

	MALES	FEMALES	TOTAL
Children under 16 years .. .. .	51	32	83
Persons between 16 and 64 years .. .. .	91	75	166
Persons 65 years and over .. .. .	18	24	42
	<hr/> 160	<hr/> 131	<hr/> 291

During the year the Social Clubs in Aylesbury, High Wycombe and Slough continued to function; the Friends of the Deaf Associations in Slough and Aylesbury again provided invaluable services and were a means by which sympathetic hearing folk could make a practical contribution to the work of the deaf.

Church services were held at Aylesbury, High Wycombe and Slough and visits were arranged to other associations for sports meetings and rallies; parties of deaf persons also went to the seaside on holiday.

The High Wycombe Club for the Hard of Hearing continued to thrive and during 1964, 19 new members were enrolled. A Hard of Hearing Club was established during the year in Bletchley.

## SECTION D.—SANITARY CIRCUMSTANCES OF THE AREA

### 1. Water Supply

The Engineer of the Bucks Water Board has kindly supplied the following information:—

“ During the year ended 31st March, 1964, the following quantities of water were pumped from the Board's various sources:—

#### *Chalk Sources*

Bourne End	..	..	..	..	281,892,000 galls.	
Dancers End	..	..	..	..	76,063,000 galls.	
Hampden	..	..	..	..	284,086,000 galls.	
Hawridge	..	..	..	..	325,310,000 galls.	
Marlow	..	..	..	..	347,679,000 galls.	
Mill End	..	..	..	..	699,902,000 galls.	
New Ground	..	..	..	..	526,101,000 galls.	
Pann Mill	..	..	..	..	1,011,790,000 galls.	
Radnage	..	..	..	..	69,301,000 galls.	
Wendover Dean	..	..	..	..	322,487,000 galls.	
						3,944,611,000 galls.

#### *Greensand Sources*

Battlesden	..	..	..	..	338,474,000 galls.	
Sandhouse, Bletchley	..	..	..	..	296,654,000 galls.	
						635,128,000 galls.

#### *River Source*

Foxcote	..	..	..	..	661,816,000 galls.	661,816,000 galls.
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#### *Other Sources*

Ash Hill	..	..	..	..	44,579,000 galls.	
Brackley	..	..	..	..	35,652,000 galls.	
Stony Stratford	..	..	..	..	35,523,000 galls.	
Weston Underwood	..	..	..	..	39,575,000 galls.	
Wycombe Rural Area (Princes Risborough)	..	..	..	..	59,731,000 galls.	
						215,060,000 galls.

Total pumped from all sources .. .. 5,456,615,000 galls.

#### Add Bulk supply from:

Birchmoor Source of Birchmoor Water Committee	..	..	..	..	157,841,000 galls.	
Rickmansworth Water Company (at Hazlemere)	..	..	..	..	16,000 galls.	
						157,857,000 galls.
						5,614,472,000 galls.

The above total quantity can be divided into:—

Supplied within the Board's area	..	..	5,346,909,000 galls.
Supplied outside the Board's area	..	..	267,563,000 galls.
			5,614,472,000 galls.

The total quantity of water supplied by the Board during the year was, therefore, 5,614,472,000 gallons or an average daily quantity throughout the year of 15,340,000 gallons.

Of the 5,346,909,000 gallons supplied within the Board's area, an analysis can be made as follows:—

Metered Consumption (to Agriculture, Trade and Service Departments)	..	..	..	1,863,713,000 galls.
Unmetered Consumption	..	..	..	3,481,196,000 galls.
Total gallons	..	..	..	5,346,909,000 galls.

During the year steps have been taken to complete the development of the Board's source at Bourne End. At the time of writing, a decision is awaited from the Ministry of Housing & Local Government upon an application by the Board to abstract up to 5 million gallons per day from their site at Bourne End. It is hoped that a system of trunk mains will be laid from Bourne End to reinforce the Board's other sources in the Wycombe/Marlow area.

The first of the two 1½ million gallon reinforced concrete reservoirs at Winchester Wood, just outside Princes Risborough, has been completed and brought into use. Work continues upon the second reservoir which should be completed early in 1965.



During the year, nearly 28 miles of mains from 18" to 3" diameter have been laid and a further 5 miles have been re-laid. During the same period 2,692 new non-metered services and 158 new metered services have been laid.

Samples of water from consumers' taps and from various sources were collected regularly during the year. The results of these samples indicated that the water supplied by the Board conforms to the high standard of that required from any public supply authority.

## 2. Water Supplies and Sewerage Acts, 1944—1961

The Ministry of Housing and Local Government and the County Council continue to make grants towards the cost of approved Schemes of piped water supply and main drainage in the rural areas of the County. Details of all these Schemes are first submitted to the County Council, whose observations are then forwarded to the Ministry.

On 31st December, 1964, the position was as follows:—

	£
35 Schemes of Water Supply (35 schemes completed) .. .. .	1,560,385
106 Schemes of Main Drainage (99 schemes completed and 7 schemes under construction) ..	6,479,614
<b>Total ..</b>	<b>£8,039,999</b>

Details of the above Schemes are contained in the Tables shown below:—

### SCHEMES OF WATER SUPPLY

Forty two schemes of water supply have been submitted, and at 31st December, 1964, the following thirty five schemes had reached the stage shown below:—

#### PROGRESS REPORT TO 31st DECEMBER, 1964

Local Authority	Scheme	Total Estimated Cost	Percentage of Scheme Completed
		£	%
Amersham R.D.C. .. ..	Ashley Green } .. .. .	1,667	100
	Chartridge } .. .. .	100	100
	Cholesbury } .. .. .	570	100
	Coleshill (Amended) .. .. .	2,785	100
	Chalfont St. Giles .. .. .	460	100
	Great and Little Missenden .. .. .	370	100
	Latimer .. .. .	370	100
Aylesbury R.D.C. .. ..	Penn .. .. .	105	100
	Haddenham .. .. .	650	100
Bucks Water Board .. ..	Wellwick .. .. .	105	100
	Mid Bucks .. .. .	1,266,000	100
	Bledlow—North Mill .. .. .	1,120	100
	Brill .. .. .	400	100
	Gt. Horwood—Park Hill Farm .. .. .	1,300	100
	Gt. Horwood—Windmill Farm .. .. .	1,600	100
	Long Crendon—Thame Road .. .. .	1,955	100
	Lower Hartwell .. .. .	790	100
Buckingham R.D.C. .. ..	Quainton—Shipton Lee Estate .. .. .	2,040	100
	Buffler's Holt .. .. .	650	100
	East Claydon } .. .. .	1,902	100
Eton R.D.C. .. .. .	Middle Claydon } .. .. .	1,902	100
	Burnham Littleworth Common .. .. .	439	100
	Datchet Ditton Park Road .. .. .	897	100
	Dorney Boveney .. .. .	1,760	100
	Dorney Lake End .. .. .	198	100
	Iver Mansion Lane .. .. .	900	100
	Taplow .. .. .	10,066	100
	Wraysbury Main Scheme .. .. .	55,797	100
Newport Pagnell R.D.C. ..	Nursery Lane .. .. .	360	100
	Staines Road .. .. .	3,800	100
	Birchmoor (Newport R.D.C. share) .. .. .	31,794	100
	East End, North Crawley .. .. .	4,000	100
	Great Linford—Part 1 .. .. .	2,330	100
	—Part 2 .. .. .	4,370	100
	Northern Areas Water Supply .. .. .	17,450	100
	Moulsoe Link Main .. .. .	4,000	100
	Regional Water Supply Scheme—		
	(a) Main Laying .. .. .	130,760	100
	(b) Reservoir .. .. .	7,000	100
<b>TOTAL</b>		<b>£1,560,385</b>	

# MAIN DRAINAGE SCHEMES

Of the 125 main drainage schemes submitted by Rural District Councils, the following 106 schemes had on the 31st December, 1964, reached the stage shown below:—

## PROGRESS REPORT TO 31st DECEMBER, 1964

Local Authority	Scheme	Total Estimated Cost	Percentage of Scheme Completed
		£	%
Amersham R.D.C.    ..    ..	Chalfont St. Giles (Lodge Lane)    ..	6,750	100
	Chalfont St. Giles (Gorelands Lane)    ..		
	Chalfont St. Peter (London Road)    ..	4,875	100
	Chalfont St. Peter (Chalfont Heights)    ..	36,725	25
	Chartridge (Stage 1)    ..    ..    ..	5,600	75
	Chenies    ..    ..    ..    ..	25,605	100
	Chesham Bois (Holloway Lane)    ..	3,615	50
	Coleshill    ..    ..    ..    ..	4,275	100
	Gt. Missenden (Cockpit Hole)    ..	10,100	100
	Holmer Green    ..    ..    ..    ..	85,250	100
	Holmer Green (Penfold Lane)    ..	4,093	100
	Little Chalfont (Stages 1, 2, 3)    ..	63,859	100
	Little Kingshill (Hare Lane)    ..	4,034	100
	Link Sewer    ..    ..    ..    ..	33,021	100
	Newbarn Lane and Three households	21,600	100
	Penn    ..    ..    ..    ..	25,585	100
	Prestwood    ..    ..    ..    ..	106,000	100
	Relief Sewer    ..    ..    ..    ..	12,500	100
	Kiln Road, Prestwood    ..    ..	12,280	100
	Seer Green and Jordans    ..    ..	157,180	100
Aylesbury R.D.C.    ..	Chilton    ..    ..    ..    ..	17,539	100
	Cuddington    ..    ..    ..    ..	43,100	40
	Dinton    ..    ..    ..    ..	20,000	100
	Grendon Underwood    ..    ..    ..	56,000	100
	Hardwick and Weedon    ..    ..	69,850	100
	Long Crendon (Lower End)    ..	43,500	100
	Oakley    ..    ..    ..    ..	41,200	100
	Quainton    ..    ..    ..    ..	41,070	100
	Shabbington    ..    ..    ..    ..	13,790	100
	Stone    ..    ..    ..    ..	15,400	100
	Stoke Mandeville    ..    ..    ..	36,500	100
	Upper Winchendon    ..    ..    ..	4,020	100
	Westcott    ..    ..    ..    ..	8,200	100
	Wendover    ..    ..    ..    ..	29,450	100
	Worminghall and Ickford    ..    ..	42,903	100
	Adstock and Padbury    ..    ..    ..	73,500	100
	Akeley    ..    ..    ..    ..	33,000	100
	Maids Moreton    ..    ..    ..    ..	31,000	100
	Marsh Gibbon    ..    ..    ..    ..	30,500	100
Buckingham R.D.C.    ..    ..	Tingewick    ..    ..    ..    ..	20,900	100
	Thornborough    ..    ..    ..    ..	35,500	100
	Twyford    ..    ..    ..    ..	53,000	100
Eton R.D.C.    ..    ..    ..	Burnham, Taplow and Dorney (Stage 1)	410,500	95
	Burnham (Dropmore Road)    ..    ..	6,553	100
	Burnham (Linkwood Road)    ..    ..	13,200	100
	Denham (Wyatts Covert)    ..    ..	1,980	100
	Denham—Stage 1    ..    ..    ..	231,843	100
	Denham—Stage 2    ..    ..    ..	35,308	100
	Denham—Stage 3    ..    ..    ..	65,350	100
	Denham—Stage 4    ..    ..    ..	42,500	100
	East Burnham (Crown Lane)    ..    ..	42,990	100
	Farnham Royal    ..    ..    ..    ..	168,180	100
	Horton and Wraybury (Stage 1)    ..	91,000	100
	Iver (Iver Lane)    ..    ..    ..    ..	14,175	100
	Iver (Langley Park Road)    ..    ..	169	100
	Iver (North)    ..    ..    ..    ..	54,910	100
	Iver (Thorney Lane)    ..    ..    ..	8,280	100
	Iver (Wood Lane)    ..    ..    ..    ..	5,415	100
	Middle Green    ..    ..    ..    ..	26,270	100
	Stoke Poges and Wexham    ..    ..		
	Stage 1 & 2    ..    ..    ..    ..	507,748	100
	Stage 3    ..    ..    ..    ..		100
	Stage 4    ..    ..    ..    ..		95
Newport Pagnell R.D.C.    ..	Birchmoor (Newport R.D.C. share)    ..	29,724	100
	Bow Brickhill    ..    ..    ..    ..	20,030	100
	Bradwell    ..    ..    ..    ..	11,516	100
	Castlethorpe    ..    ..    ..    ..	37,550	100
	Emberton    ..    ..    ..    ..	24,900	100
	Hanslope    ..    ..    ..    ..	64,623	100
	Lavendon    ..    ..    ..    ..	31,560	100
	Loughton and Shenley (Church End)	82,000	100
	North Crawley    ..    ..    ..    ..	35,000	40

Local Authority	Scheme	Total Estimated Cost	Percentage of Scheme Completed
		£	%
	Ravenstone and Stoke Goldington ..	69,000	100
	Wavendon .. .. .	31,573	100
	Woughton-on-the-Green .. ..	14,500	100
Wing R.D.C. .. .. .	Aston Abbotts .. .. .	28,600	100
	Cheddington .. .. .	12,150	100
	Cublington .. .. .	6,070	100
	Dagnall .. .. .	16,800	100
	Great Brickhill .. .. .	24,500	100
	Great Gap, Ivinghoe .. .. .	2,320	100
	Horton .. .. .	2,280	100
	Ivinghoe Aston .. .. .	9,650	100
	Ledburn .. .. .	8,690	100
	Littleworth and Burcott .. ..	31,000	100
	Marsworth .. .. .	17,250	100
	Pitstone .. .. .	24,150	100
	Rowsham .. .. .	8,050	100
	Slapton (Church Road) .. ..	5,550	100
	Soulbury .. .. .	30,850	100
	Stoke Hammond .. .. .	10,305	100
	Wingrave—Stage 1 .. .. .	23,450	100
	Wingrave—Stage 2 .. .. .	20,885	100
Winslow R.D.C. .. ..	Drayton Parslow .. .. .	15,800	100
	Granborough .. .. .	31,000	100
	Great and Little Horwood .. ..	29,500	100
	North Marston .. .. .	20,000	100
	Stewkley .. .. .	35,000	100
	Stewkley (North End) .. .. .	5,000	100
	Swanbourne and Mursley .. ..	40,000	100
	Winslow .. .. .	22,200	100
Wycombe R.D.C. .. ..	Downley .. .. .	15,270	100
	Hambleton .. .. .	45,730	100
	Hazlemere .. .. .	34,280	100
	Hedsor and Berghers Hill .. ..	40,150	100
	Hughenden Valley .. .. .	218,000	100
	Princes Risborough .. .. .	14,175	100
	Stokenchurch .. .. .	148,743	100
	Wooburn Valley .. .. .	1,710,000	100
	Wooburn Valley (Tylers Green and Penn) .. .. .	211,000	100
TOTAL ..		£6,479,614	

Nineteen of the Main Drainage Schemes that have been approved by the County Council had not been started by the end of the year.

There are a few villages in the County that have no main drainage, but in the majority of cases schemes are being prepared by the various Rural District Councils for this purpose.

It would seem that the major proportion of schemes to be submitted in the future, both for main drainage and mains water facilities will be in the nature of extensions to existing main services.



3. Housing

The Ministry inaugurated a Five Year Plan of Slum Clearance in 1955 when Housing Authorities were required to submit proposals for dealing with unfit houses within that period. The position in Bucks is summarised below:—

HOUSING AUTHORITIES SLUM CLEARANCE PROPOSALS FOR FIVE YEARS FROM 1955

Housing Authority	Total number of permanent houses in area at 31.12.55.	Estimated number of unfit houses	ACTION PROPOSED IN FIRST 5 YEARS			Total number of houses demolished or closed from 1st January, 1955—30th September, 1964
			Number of houses to be demolished			
			Individual houses	Houses in clearance areas	Total number of houses to be demolished	
BOROUGHGS						
Aylesbury .. ..	6,028	35	—	35	35	102
Buckingham .. ..	1,364	52	30	—	30	26
High Wycombe .. ..	12,650	1,408	32	522	554	674
Slough .. .. .	18,500	368	14	354	368	482
URBAN DISTRICTS						
Beaconsfield .. ..	2,520	28	—	28	28	18
Bletchley .. .. .	3,685	106	3	103	106	132
Chesham .. .. .	4,000	137	85	52	137	96
Eton .. .. .	1,146	23	7	16	23	49
Linslade .. .. .	1,214	100	—	10	10	30
Marlow .. .. .	2,007	107	6	101	107	165
Newport Pagnell .. ..	1,525	63	63	—	63	129
Wolverton .. .. .	4,579	261	19	178	197	109
RURAL DISTRICTS						
Amersham .. .. .	13,000	265	265	—	265	262
Aylesbury .. .. .	8,681	314	219	95	314	163
Buckingham .. .. .	2,500	116	14	102	116	121
Eton .. .. .	12,994	264	15	249	264	373
Newport Pagnell .. ..	4,958	188	100	—	100	129
Wing .. .. .	2,792	126	116	10	126	146
Winslow .. .. .	2,531	35	20	15	35	57
Wycombe .. .. .	12,800	430	178	—	178	221
TOTAL ..	119,474	4,426	1,186	1,870	3,056	3,484

The Ministry's Progress Reports on New Housing are cumulative as from April, 1945. The following table shows the progress made by the Local Authorities in Bucks to 31st December, 1964.

NEW HOUSING—SUMMARY OF PROGRESS TO 31st DECEMBER, 1964

Local Authorities	PERMANENT HOUSING				Total Permanent Houses Completed
	Local Authorities		Private Builders		
	Under Construction	Completed	Under Construction	Completed	
BOROUGHGS					
Aylesbury .. .. .	318	2,891	238	2,260	5,151
Buckingham .. .. .	—	312	7	222	534
High Wycombe .. .. .	254	3,212	251	3,729	6,941
Slough .. .. .	640	4,084	126	3,294	7,378
URBAN DISTRICTS					
Beaconsfield .. .. .	7	537	138	1,093	1,630
Bletchley .. .. .	119	3,032	131	1,105	4,137
Chesham .. .. .	12	938	53	2,147	3,085
Eton .. .. .	14	305	1	185	490
Linslade .. .. .	30	280	12	374	654
Marlow .. .. .	59	471	102	1,196	1,667
Newport Pagnell .. .. .	—	216	44	426	642
Wolverton .. .. .	94	427	56	186	613
RURAL DISTRICTS					
Amersham .. .. .	15	2,100	610	5,408	7,508
Aylesbury .. .. .	20	1,710	165	1,663	3,373
Buckingham .. .. .	6	410	34	241	651
Eton .. .. .	182	2,444	375	4,183	6,627
Newport Pagnell .. .. .	30	590	52	520	1,110
Wing .. .. .	32	769	45	417	1,186
Winslow .. .. .	52	434	110	454	888
Wycombe .. .. .	79	2,232	232	4,850	7,082
TOTAL ..	1,963	27,394	2,782	33,953	61,347

## SECTION E.—INSPECTION AND SUPERVISION OF FOOD

The Chief Inspector submits the following report for 1964:—

### (1) Food and Drugs (Composition and Quality)

1,518 samples of food and drugs were taken during the year, 514 of this total were submitted to the Public Analyst who commented adversely upon 55 of them. The samples included:—

Almond Paste, Aspirins, Beef Suet, Beef Croquettes, Beer, Biscuits, Bread, Cakes, Cereals, Cheese and Cheese Spreads, Chinese Foods, Chicken Pasties, Chives, Chocolate, Christmas Puddings, Clotted Cream, Cockles, Coffee, Condensed Milk, Condiments, Cooked Meat and Meat Products, Cooking Oil, Corned Beef, Cornmeal, Crisps, Cultured Buttermilk, Curried Chicken, Dairy Cream, Dehydrated Foods, Demerara Sugar, Drinking Chocolate, Edible Fats, Epsom Salts, Evaporated Milk, Fish Cakes, Fish Paste, Flavourings, Flour (Plain and Self Raising), Frankfurters, Fruit Drinks, Tinned Fish, Tinned Fruit, Gelatine, Glucose, Gravy Powder, Ground Almonds, Groundnut Oil, Ice Cream, Indian Spices, Hamburgers, Ham and Chicken Roll, Ham Sausage, Holstein Mettwurst Coarse, Jams and Preserves, Jellies, Liquid Apples, Liquid Paraffin, Macaroni Cheese, Meat Pies, Tinned Meat, Meat Puddings, Milk, Milk Shake Syrup, Milk Powder, Milk Puddings, Milk Tops, Minced Beef, Mincemeat, Mussels, Olive Oil, Pancake Mix, Peanut Butter, Peanut Crackers, Pickles, Pickled Eggs, Pie Fillings, Pork Brawn, Pork Goulash, Pork Kidneys in Gravy, Puff Pastry, Sauces, Sausages, Seasonings and Spices, Scotch Pancakes, Shandy, Soft Drinks, Sponge Puddings, Spirits, Stewed Steak, Stock Tablets, Sweets, Teas, Tomatoes, Tonic Yeast, Tinned Vegetables, Vinegar, Vitaminised Health Drink, and Wine.

In addition, 1,005 samples of milk were tested in the Department's laboratory. 980 were found to be genuine or to vary but slightly from the standard laid down by the Sale of Milk Regulations. The other 25, which were below standard, resulted in investigations which led to two prosecutions.

242 informal samples of milk were taken at schools from milk supplied under the Milk-in-Schools Scheme. Milk was also sampled at hospitals, children's homes and old persons' homes on behalf of the various committees concerned and all were satisfactory.

The proportion of samples adversely reported upon by the Public Analyst during the last five years has been as follows:—

1960	..	..	..	..	..	..	3.59%
1961	..	..	..	..	..	..	6.39%
1962	..	..	..	..	..	..	5.92%
1963	..	..	..	..	..	..	4.17%
1964	..	..	..	..	..	..	10.70%

This increase in samples which drew adverse comment from the Analyst was due to a number of milk samples found adulterated.

There were 5 prosecutions during the year and fines and costs amounted to £176 0s. 0d. Two concerned milk containing added water; loaves of bread contained pieces of wood and rodent excreta and "choc rolls" were found to contain larvae of the cocoa moth (*ephestia elutella*). A further prosecution concerning milk containing added water is pending.

### (2) Food and Drugs Act and Milk and Dairies Regulations—(Wholesomeness)

254 samples of milk, involving 6,433 cows, were taken from farms for guinea pig test to detect the presence of tubercle infection; the same samples were also tested biologically for brucella abortus or brucella melitensis. There were no positive T.B. results, but 13 samples were infected with brucella. The appropriate District Medical Officers were informed of the infections forthwith so that human consumption of the infected milk in its raw state could be prevented. These samples were also tested for the presence of penicillin and this was confirmed in 8 samples. In each case the farmer was warned of the necessity to discard the milk from cows which had been treated with penicillin for at least 48 hours and all agreed to take more care in future.

A further 12 samples were taken from the raw milk delivered to schools under the Milk-in-Schools Scheme. None of these was infected with T.B. or brucella organisms. In addition, 228 samples of pasteurised milk delivered to schools and other County Council establishments were checked and all but 4 were found to be satisfactory.

There were 230 samples of pasteurised milk taken from 5 pasteurising plants licensed by the County Council, where approximately 13,000 gallons of milk are heat-treated daily. Only one failed to pass the phosphatase test and 3 failed to pass the methylene blue test.

350 samples of various designations of milk were also taken from licensed dealers within the county. 18 failed to pass the methylene blue test, due mainly to stocks being held too long. The dealers were warned, and in all cases subsequent samples were satisfactory.

736 visits were made under the Specified Area Orders which require that only specified grades of milk be sold by retail in Buckinghamshire. 808 samples were taken and all but one were satisfactory. The requirements of the Specified Area Orders continue to be observed.



## **SECTION F.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES**

### **1. Poliomyelitis**

It is with pleasure that I report that there were no notifications of poliomyelitis during 1964.

### **2. Diphtheria**

There were no cases of diphtheria in the County during the year and no death due to this disease for the seventeenth year in succession.

### **3. General**

Detailed information relating to all cases of infectious disease notified during the year is set out in Table (h) of Section H of this report.

## SECTION G.—GENERAL

### 1. Capital Building Works

Good progress was made during the year in the implementation of the Council's ten year health and welfare development programme but, as in previous years, the acquisition of suitable sites proved a difficult problem leading to delay in the completion of some of the projects.

#### (1) Works Completed

Aylesbury	(a) Central Stores, Ambulance Headquarters, Buckingham Road, Aylesbury.
	(b) Two nurses houses, garages and district room (Elmhurst Estate).
High Wycombe	(a) Two nurses houses and garages (Hughenden Avenue).
	(b) Adaptation of existing accommodation at Priory Road to provide the additional dental surgery.
Marsh Gibbon	One bungalow for nurse with garage and district room.
New Bradwell	Two nurses houses, garages and district room.
Newport Pagnell	One house for nurse with garage and district room.
Simpson (Near Bletchley)	Adaptation of private dwelling for use as a Five-day Hostel (Mental Health Service).
Slough	(a) Old Persons' Home, Upton Road (40 places).
	(b) Additional smoking room added to accommodation at Wexham Court Old Persons' Home.
	(c) Parlaunt Park, Langley. Three garages for district nurses living at Humber Way.

#### (ii) Under Construction at 31st December, 1964

Aylesbury	(a) Extensions to Aylesbury Ambulance Station.
	(b) Old Person's Home (40 places) rear of Walton Terrace.
Bletchley	(a) Mental Health Adult Hostel (30 places).
	(b) Adult Training Centre (45 places).
	(c) Occupational Therapy Centre and Workshop.
Chalfont St. Peter	Ambulance Sub-Station, office accommodation for health visitors and lecture room.
High Wycombe	(a) Two nurses houses, garage and district room, Cressex Road.
	(b) Mental Health Adult Female Hostel, Cressex Road (30 places).
Long Crendon	Nurses house, garage and district room.
Slough	(a) Old Persons' Home (50 places), Tuns Lane.
	(b) Mental Health Junior Training Centre (100 places), Tuns Lane.
	(c) Six flats for nurses with garages and district room (Tuns Lane).
Stone	Two nurses houses, garages and district room.
Wendover	Extension and adaptation of existing premises to provide an old persons' home (40 places).

#### (iii) Proposed Works

Aylesbury	(a) Child Welfare Centre and Dental Clinic (Quarrendon Estate).
	(b) Child Welfare Centre and Dental Clinic (Bedgrove Estate).
	(c) Extensions to adult training centre (additional 16 places), Mental Health Service.
	(d) Conversion of Ivy House, Bierton Road, into staff accommodation; (two flats), Mental Health Service.
Buckingham	(a) Old Persons' Home (40 places), Maids Moreton Hall.
	(b) Ambulance Station (Maids Moreton Hall).
Bletchley	Two nurses' houses, garages and district room.
Beaconsfield	(a) Old Persons' Home (40 places).
	(b) Two houses for district nurses, garages and district room.
Chalfont St. Giles	One nurse's flat, garage and district room.

Chesham	(a) Adult Training Centre (35 places), Mental Health Service. (b) Junior Training Centre (45 places), Mental Health Service. (c) Two houses for district nurses, garages and district room.
Farnham	Two nurses' houses, garages and district room.
Great Missenden	Old Persons' Home (40 places).
High Wycombe	(a) Three nurse's houses, garages and district room (Totteridge). (b) Conversion of The Grange Nurses Home into a Mother and Baby Home. (c) Extension of adult training centre (additional 16 places), Mental Health Service. (d) Extension of ambulance station.
Iver	Two nurses' houses, garages and district room (West Square).
Lane End	One nurse's house, garage and district room.
Marlow	Two nurses' houses, garages and small district room.
Milton Keynes	One nurse's house, garage and district room.
Olney	Two nurses houses, garages and district room.
Princes Risborough	(a) Old Persons' Home (40 places). (b) One nurse's house, garage and district room.
Penn	Two nurses' houses, garages and district room.
Slough	(a) Day Nursery (35 places). (b) Two district nurses houses with garages and district room (Cippenham). (c) Extensions to ambulance station.
Stewkley	One district nurse's house, garage and district room.

## 2. Public Health Act, 1936

### Registration of Nursing Homes

At the end of the year there was a total of ten homes registered by the County Council under the provisions of the Public Health Act, 1936; these nursing homes provided in all, 26 maternity and 133 other beds, making a total of 159.

A list of these registered nursing homes is given in Table (b) of Section (H) of this report.

## 3. National Assistance Act, 1948

### Registration of Old Persons' Homes

At the beginning of 1964 there were 23 homes registered by the County Council under the National Assistance Act. These Homes provided in all, 444 places for old people. No new homes were registered during the year and one registration was cancelled.

A list of the registered homes is given in Table (c) of Section (H) of this report.

## 3. Nurseries and Child Minders Regulation Act, 1948

Eighteen new premises were registered (for the reception of 429 children) for the first time during 1964.

Thirty-two daily-minders were registered for the first time during the year. These registrations cover the reception of 312 children.

The numbers remaining on the register at the end of the year were as follows:—

					<i>Number registered</i>	<i>Number of Children</i>
Premises	..	..	..	..	37	906
Daily Minders	..	..	..	..	91	802

The arrangement with the Chief Fire Officer continued whereby any applications for the registration of premises under the Act were referred to him so that recommendations regarding fire precautionary methods could be referred to the applicants; thereafter, the applications are only approved after the Chief Fire Officer's recommendations have been carried out to his satisfaction. In the case of daily-minders taking children into their own homes for minding, health visitors pay regular visits of inspection when they bear in mind fire precautionary advice given by the Chief Fire Officer. If during these visits they meet any difficulty regarding fire risk the matter is referred to the Chief Fire Officer, who arranges for his representative to inspect the homes concerned and to give any advice necessary.



# SECTION H.—STATISTICAL TABLES, ETC.

## (a) LIST OF SANITARY AUTHORITIES

DISTRICT	MEDICAL OFFICER OF HEALTH
<b>URBAN DISTRICTS</b>	
Aylesbury, Borough of .. ..	A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.
Beaconsfield .. ..	R. E. ATKINSON, M.B., CH.B., D.P.H.
Bletchley .. ..	D. H. WALDRON, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M. & H.
Buckingham, Borough of .. ..	D. H. WALDRON, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M. & H.
Chesham .. ..	R. E. ATKINSON, M.B., CH.B., D.P.H.
Eton .. ..	G. M. HOBBIN, M.B., CH.B., D.P.H.
High Wycombe, Borough of .. ..	A. J. MUIR, M.B., CH.B., B.HY., D.P.H.
Linslade .. ..	A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.
Marlow .. ..	A. J. MUIR, M.B., CH.B., B.HY., D.P.H.
Newport Pagnell .. ..	D. H. WALDRON, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M. & H.
Slough, Borough of .. ..	M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.
Wolverton .. ..	D. H. WALDRON, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M. & H.
<b>RURAL DISTRICTS</b>	
Amersham .. ..	R. E. ATKINSON, M.B., CH.B., D.P.H.
Aylesbury .. ..	A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.
Buckingham .. ..	D. H. WALDRON, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M. & H.
Eton .. ..	G. M. HOBBIN, M.B., CH.B., D.P.H.
Newport Pagnell .. ..	D. H. WALDRON, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M. & H.
Wing .. ..	A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.
Winslow .. ..	D. H. WALDRON, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M. & H.
Wycombe .. ..	A. J. MUIR, M.B., CH.B., B.HY., D.P.H.

## (b) REGISTERED NURSING HOMES (Including Maternity Homes)

DISTRICT	NAME AND ADDRESS	DESCRIPTION
AYLESBURY .. ..	The Gables, 123 Wendover Road .. ..	Maternity.
BEACONSFIELD .. ..	St. Joseph's, Candlemas Lane .. ..	Maternity, Acute Surgical, Minor Surgical, Medical, Convalescent, Aged and Infirm.
BEACONSFIELD .. ..	Rosslyn, 47 Ledborough Lane .. ..	Minor Surgical, Medical, Convalescent, Aged and Infirm.
*BOURNE END .. ..	Fieldhead .. ..	Aged and Infirm.
EMBERTON .. ..	West Farm .. ..	Maternity.
FARNHAM COMMON .. ..	Withyfield, Green Lane .. ..	Convalescent, Aged and Infirm.
GERRARDS CROSS .. ..	White House, North Park .. ..	Medical, Convalescent, Aged and Infirm.
HIGH WYCOMBE .. ..	Oak Lodge, 749 London Road .. ..	Convalescent, Aged and Infirm.
LINSLADE .. ..	Southcourt House .. ..	Convalescent, Aged and Infirm.
WOBURN SANDS .. ..	Oaklands, 60 Station Road .. ..	Convalescent, Aged and Infirm.

\*Reserved for Chronic Sick from W.V.S. Residential Clubs for elderly people.

## (c) REGISTERED OLD PERSONS' HOMES

ADDRESS	DESCRIPTION
Brook House, Wooburn Green .. .. .	6 aged persons.
Calverton Lodge, Horsefair Green, Stony Stratford ..	7 aged or infirm.
Chalfont Colony, Chalfont St. Peter .. .. .	540 epileptic persons.
Chilworth, 7 Rectory Avenue, High Wycombe ..	9 aged or infirm.
Dawn House, South Park Crescent, Gerrards Cross ..	12 aged persons, either sex.
Gresham House, Weston Road, Olney .. .. .	15 aged or infirm.
Homeleigh, 196 High Street, Aylesbury .. .. .	8 aged or infirm.
Horton, near Slough .. .. .	35 aged or infirm.
Manor House, Broughton, Newport Pagnell .. ..	19 aged or infirm, either sex.
"Maryland," 45 The Leys, Woburn Sands .. ..	4 aged or infirm (not otherwise handicapped) females.
Ponds, Home for Young Adult Spastics, Seer Green ..	55 cerebral palsy cases.
Prestwood Park House, Prestwood, Great Missenden ..	20 aged or infirm.
Redlands, Bulstrode Way, Gerrards Cross .. ..	6 aged or infirm.
St. Dominics, The Lea, Western Avenue, Denham ..	25 aged, either sex.
Swarthmore, Gerrards Cross .. .. .	35 aged or infirm.
Taplow House, Berry Hill, Taplow, Maidenhead ..	27 aged or infirm (not otherwise handicapped) either sex.
Tickford Abbey, Newport Pagnell .. .. .	44 aged or infirm.
Trout Hollow, Saunderton, Princes Risborough ..	5 aged or infirm (not otherwise handicapped).
Westlands, High Street, Olney .. .. .	24 aged or infirm.
White Plains, Tilehouse Lane, Denham .. .. .	15 aged persons, either sex.
"Wittington," Medmenham, near Marlow .. ..	36 aged or infirm.
Woodlands Park, Wendover Road, Great Missenden ..	28 aged or infirm (not otherwise handicapped) either sex.

## (d) CHILD WELFARE CENTRES

NAME OF CENTRE	SITUATE	DOCTOR ATTENDS
AMERSHAM (NEW TOWN) .. ..	Community Centre, Woodside Farm, Woodside Road	Thrice monthly
AMERSHAM (OLD TOWN) .. ..	British Legion Hall, Whielden Street .. ..	Monthly
ASTON CLINTON .. ..	Baptist Church Hall .. ..	Do.
AYLESBURY .. ..	The Clinic, Pebble Lane .. ..	Weekly
AYLESBURY—QUARRENDON .. ..	Quarrendon Community Centre, Stonehaven Road ..	Twice monthly
„ SOUTH COURT .. ..	Church of the Good Shepherd, Church Square, Southcourt .. ..	Do.
„ TRING ROAD .. ..	Limes Avenue Baptist Church, Tring Road .. ..	Weekly
BEACONSFIELD .. ..	The Old Rectory .. ..	Monthly
BLEDLOW RIDGE .. ..	Village Hall, Bledlow Ridge .. ..	Monthly
BLETCHLEY .. ..	School Clinic, Whalley Drive .. ..	Weekly
„ .. ..	Methodist Church, Bletchley Road .. ..	Twice monthly
BOURNE END .. ..	Red Cross Hut, New Road .. ..	Monthly
BRADWELL .. ..	Labour Hall, New Bradwell .. ..	Twice monthly
BRILL .. ..	The Institute .. ..	No doctor
BUCKINGHAM .. ..	Congregational School Room .. ..	Monthly
BURNHAM .. ..	British Legion Hall, Gore Road .. ..	Twice monthly
„ LENT RISE .. ..	Methodist Church Hall, Lent Rise .. ..	Do.
CHALFONT ST. GILES .. ..	Memorial Hall .. ..	Monthly
CHALFONT ST. PETER .. ..	Tithe Barn, Swan Farm .. ..	Twice monthly
CHARTRIDGE .. ..	Village Hall .. ..	Monthly
CHESHAM .. ..	The School Clinic, Germain Street .. ..	Twice monthly
„ POND PARK .. ..	Community Hall, Windsor Road, Pond Park, Chesham	Twice monthly
COLNBROOK .. ..	Parish Room .. ..	Monthly
DATCHET .. ..	Village Hall .. ..	Twice monthly
DENHAM .. ..	Health Centre, Oxford Road .. ..	Thrice monthly
DORNEY .. ..	Village Hall .. ..	Monthly
DOWNLEY .. ..	Memorial Hall .. ..	Do.
EDLESBOROUGH .. ..	Memorial Hall .. ..	Do.
ETON WICK .. ..	Village Hall .. ..	Do.
FARNHAM COMMON .. ..	Village Hall, Victoria Road .. ..	Do.
FARNHAM ROYAL .. ..	Village Hall .. ..	Twice monthly
FARNHAM ROYAL, BRITWELL ESTATE	Wentworth Avenue, Britwell Estate .. ..	Weekly
FLACKWELL HEATH .. ..	Community Centre .. ..	Twice monthly
GAWCOTT .. ..	Village Hall .. ..	Monthly
GERRARDS CROSS .. ..	British Legion Hall .. ..	Monthly
GREAT HAMPDEN .. ..	Village Hall .. ..	Do.
GREAT KINGSHILL .. ..	Village Hall .. ..	Do.
GREAT MISSENDEN .. ..	Memorial Hall, Station Approach .. ..	Do.
GRENDON UNDERWOOD .. ..	Village Hall .. ..	Do.
HADDENHAM .. ..	Village Hall .. ..	No doctor
HALTON (Voluntary) .. ..	R.A.F. Camp, Halton .. ..	Twice monthly
HANSLOPE .. ..	Church Institute .. ..	Monthly
HAZLEMERE .. ..	Penn Road Methodist School Room .. ..	Twice monthly
HIGH WYCOMBE .. ..	Health Centre, The Rye .. ..	Weekly
„ BOOKER .. ..	Castlefield Methodist Church Hall .. ..	Twice monthly
„ DEEDS GROVE .. ..	Methodist Church, Desborough Avenue .. ..	Twice monthly
„ MICKLEFIELD .. ..	St. Peter's Church Hall .. ..	Twice monthly
„ SANDS .. ..	War Memorial Hall .. ..	Twice monthly
„ TOTTERIDGE .. ..	Totteridge Social Centre .. ..	Twice monthly
„ WEST WYCOMBE .. ..	Methodist Schoolroom .. ..	Monthly
„ WYCOMBE MARSH .. ..	St. Anne's Church Room .. ..	Do.
HOLMER GREEN .. ..	Village Centre .. ..	Twice monthly
HOLTSPUR .. ..	St. Thomas' Church Hall, Holtspur, Beaconsfield	Monthly
HORTON .. ..	Champneys Hall .. ..	Do.
HUGHENDEN VALLEY .. ..	Village Hall .. ..	No doctor
IVER .. ..	Church Institute, Thorney Lane .. ..	Monthly
IVER HEATH .. ..	Village Hall .. ..	Twice monthly
IVINGHOE .. ..	Youth Hostel .. ..	Twice monthly
KIMBLE .. ..	Stewart Hall, Little Kimble .. ..	Monthly
LANE END .. ..	Memorial Hall .. ..	Twice monthly
LEE COMMON .. ..	Ballinger War Memorial Hall .. ..	Monthly
LINSLADE .. ..	Forster Institute .. ..	Do.
LITTLE CHALFONT .. ..	Little Chalfont Hall .. ..	Twice monthly
LONG CRENDON .. ..	Old Court House .. ..	Monthly
LOUDWATER .. ..	Recreation Hall .. ..	Do.



**CHILD WELFARE CENTRES—continued**

NAME OF CENTRE	SITUATE	DOCTOR ATTENDS
MARLOW .. .. .	Health Centre, Victoria Road .. .. .	Weekly
MARLOW BOTTOM .. .. .	Village Hall .. .. .	Monthly
MEDMENHAM (Voluntary) .. .. .	R.A.F. Camp, Medmenham .. .. .	No doctor
NAPHILL .. .. .	Memorial Hall .. .. .	Monthly
NAPHILL (Voluntary) .. .. .	Wives' Club, R.A.F. Bomber Command .. .. .	Monthly
NEWPORT PAGNELL .. .. .	Congregational Schoolroom, High Street .. .. .	Twice monthly
NEW BEACONSFIELD .. .. .	Youth Club, Maxwell Road .. .. .	Monthly
NEWTON LONGVILLE .. .. .	Methodist Church Schoolroom .. .. .	Do.
OLNEY .. .. .	Church Hall, High Street .. .. .	Twice monthly
PRESTWOOD .. .. .	Village Hall .. .. .	Monthly
PRINCES RISBOROUGH .. .. .	Parish Church Hall .. .. .	Twice monthly
QUANTON .. .. .	Memorial Hall .. .. .	Monthly
RADNAGE .. .. .	Cricket Pavilion .. .. .	No doctor
RICHINGS PARK, IVER .. .. .	St. Leonard's Church Hall, Richings Park .. .. .	Monthly
ST. LEONARDS-CUM-CHOLESBURY .. .. .	Village Hall, Cholesbury .. .. .	Do.
SEER GREEN AND JORDANS .. .. .	Baptist School Room, Seer Green .. .. .	Do.
SLOUGH .. .. .	Health Centre, Burlington Road .. .. .	Weekly
"    CIPPENHAM .. .. .	Central Hall, Bower Way .. .. .	Weekly
"    PARLAUNT PARK .. .. .	Parlaunt Road .. .. .	Do.
"    THE MERRYMAKERS HALL .. .. .	Meadow Road, Langley .. .. .	Do.
"    ST. MICHAEL'S .. .. .	Slough Social Centre, Farnham Road .. .. .	Do.
"    WEXHAM COURT .. .. .	Wexham Court, Knolton Way, Slough .. .. .	Do.
STEEPLE CLAYDON .. .. .	Library Hall .. .. .	Monthly
STEWKLEY .. .. .	Village Hall .. .. .	No Doctor
STOKENCHURCH .. .. .	Memorial Hall .. .. .	Monthly
STOKE POGES .. .. .	Village Hall .. .. .	Twice monthly
STONE .. .. .	Village Hall .. .. .	Monthly
STONY STRATFORD .. .. .	Scouts Hut .. .. .	Twice monthly
THORNBOROUGH .. .. .	Church Hall .. .. .	Monthly
TWYFORD .. .. .	Village Hall .. .. .	Do.
TYLERS GREEN AND PENN .. .. .	Parish Room, Tylers Green .. .. .	Do.
WADDESDON .. .. .	Village Hall .. .. .	No doctor
WELL END .. .. .	Abbotsbrook Hall .. .. .	Monthly
WENDOVER .. .. .	Memorial Hall .. .. .	Weekly
WESTON TURVILLE .. .. .	Haig Hall .. .. .	Monthly
WHITCHURCH .. .. .	Methodist Hall .. .. .	Monthly
WING .. .. .	Village Hall .. .. .	Do.
WINGRAVE .. .. .	Temperance Hall .. .. .	Do.
WINSLOW .. .. .	British Legion Hall .. .. .	Twice Monthly
WOBURN SANDS .. .. .	The Institute .. .. .	Monthly
WOLVERTON .. .. .	Scouts' Hall .. .. .	Weekly
WOBBURN GREEN .. .. .	Scouts Hall .. .. .	Monthly
WORMINGHALL .. .. .	The Old School .. .. .	Do.
WRAYSBURY .. .. .	Village Hall .. .. .	Do.

**MOBILE WELFARE CENTRE**

(Doctor attends each session)

MONTHLY SESSION	VILLAGES VISITED
First Monday (afternoon) .. .. .	Westcott, Upper Winchendon, Lower Winchendon, Cuddington.
Second Monday .. .. .	Milton Keynes, Broughton, Moulsoe, Wavendon.
Third Monday .. .. .	Great Horwood, Little Horwood, Mursley.
Fourth Monday .. .. .	Stoke Hammond, Drayton Parslow, Swanbourne.
First Tuesday .. .. .	Slapton, Cheddington, Marsworth.
Second Tuesday .. .. .	Castlethorpe, Haversham.
Third Tuesday .. .. .	Loughton, Shenley Church End, Shenley Brook End.
First Thursday .. .. .	Preston Bissett, Charndon, Calvert.
Second Thursday .. .. .	Stoke Goldington, Ravenstone, Filgrave.
First Friday (morning) .. .. .	Thornton, Nash, Whaddon.
First Friday (afternoon) .. .. .	Bow Brickhill, Little Brickhill, Great Brickhill.
Second Friday (morning) .. .. .	Sherington, Lavendon.
Second Friday (afternoon) .. .. .	Astwood, North Crawley.
Third Friday (morning) .. .. .	Shalstone, Westbury.
Third Friday (afternoon) .. .. .	Akeley, Lillingstone, Leckhampstead.
Fourth Friday (morning) .. .. .	Adstock, Padbury.
Fourth Friday (afternoon) .. .. .	Tingewick, Dadford, Maids Moreton

(e) POPULATIONS, BIRTH AND MORTALITY RATES FOR THE YEAR 1964

District	Population Census, 1961	Registrar- General Estimated Population Mid-1964	Crude Birth Rate per 1,000 Population	Crude Death Rate per 1,000 Population	Tuberculosis Death Rate per 1,000 Population	Infant Mortality Rate per 1,000 Births	Neo-natal Mortality Rate per 1,000 Births	Maternal Mortality per 1,000 Live and still births
<b>URBAN</b>								
Aylesbury ..	27,923	32,510	24.2 (787)	7.6 (247)	0.031 (1)	11.4 (9)	10.2 (8)	— (—)
Beaconsfield ..	10,013	11,000	15.4 (169)	8.5 (94)	0.091 (1)	5.9 (1)	5.9 (1)	5.81 (1)
Bletchley ..	17,095	20,610	24.2 (499)	7.0 (145)	— (—)	6.0 (3)	4.0 (2)	— (—)
Buckingham ..	4,379	4,740	17.7 (84)	8.0 (38)	— (—)	11.9 (1)	— (—)	— (—)
Chesham ..	16,297	19,100	24.9 (475)	9.3 (177)	0.105 (2)	16.8 (8)	12.6 (6)	2.07 (1)
Eton ..	3,894	5,290	13.2 (70)	4.9 (26)	— (—)	14.3 (1)	14.3 (1)	— (—)
High Wycombe ..	49,981	54,060	22.5 (1218)	8.2 (442)	0.055 (3)	17.2 (21)	14.0 (17)	— (—)
Linslade ..	4,139	4,470	25.1 (112)	13.0 (58)	— (—)	8.9 (1)	8.9 (1)	8.62 (1)
Marlow ..	8,724	9,630	21.2 (204)	9.1 (88)	0.208 (2)	44.1 (9)	24.5 (5)	— (—)
Newport Pagnell ..	4,743	5,260	21.3 (112)	19.6 (103)	— (—)	17.9 (2)	17.9 (2)	— (—)
Slough ..	80,781	84,900	21.5 (1828)	7.6 (645)	0.047 (4)	19.1 (35)	14.2 (26)	— (—)
Wolverton ..	13,113	13,040	16.5 (215)	11.7 (153)	— (—)	18.6 (4)	14.0 (3)	— (—)
TOTAL URBAN ..	241,082	264,610	21.8 (5773)	8.4 (2216)	0.049 (13)	16.5 (95)	12.5 (72)	0.51 (3)
<b>RURAL</b>								
Amersham ..	56,005	60,150	19.2 (1156)	8.8 (529)	0.033 (2)	13.0 (15)	11.2 (13)	— (—)
Aylesbury ..	33,336	34,680	19.7 (683)	10.0 (347)	0.058 (2)	16.1 (11)	13.2 (9)	— (—)
Buckingham ..	8,497	9,530	15.5 (148)	8.3 (79)	— (—)	— (—)	— (—)	— (—)
Eton ..	66,932	70,110	16.7 (1173)	7.7 (539)	— (—)	17.1 (20)	15.3 (18)	0.84 (1)
Newport Pagnell ..	14,107	14,380	16.5 (237)	14.4 (207)	0.070 (1)	29.5 (7)	16.9 (4)	— (—)
Wing ..	9,083	18.7 (175)	18.7 (175)	10.8 (101)	— (—)	28.6 (5)	17.1 (3)	— (—)
Winslow ..	7,939	8,360	16.0 (134)	14.5 (121)	0.239 (2)	44.8 (6)	44.8 (6)	— (—)
Wycombe ..	51,252	56,810	20.4 (1157)	8.4 (478)	0.070 (4)	16.4 (19)	12.1 (14)	— (—)
TOTAL RURAL ..	247,151	263,400	18.5 (4863)	9.1 (2401)	0.042 (11)	17.1 (83)	13.8 (67)	0.20 (1)
TOTAL COUNTY ..	488,233	528,010	20.1 (10,636)	8.7 (4617)	0.045 (24)	16.7 (178)	13.2 (139)	0.37 (4)
ENGLAND AND WALES ..	46,071,604	47,401,300	18.4	11.3	0.053	20.0	13.8	0.25

NOTE : In view of the small numbers on which some of the rates quoted are based, the actual numbers are given in parentheses for the purpose of clearer comparison.

(f) COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1955-1964

YEAR	BIRTH RATE per 1,000 population				DEATH RATE per 1,000 population				INFANT MORTALITY RATE per 1,000 births			
	Urban	Rural	County	England and Wales	Urban	Rural	County	England and Wales	Urban	Rural	County	England and Wales
1955	15.3	15.5	15.4	15.0	9.5	10.0	9.8	11.7	18.1	21.7	20.0	24.9
1956	15.7	16.8	16.3	15.7	9.5	10.3	9.9	11.7	16.7	17.5	17.1	23.8
1957	16.5	16.9	16.7	16.1	9.5	9.8	9.7	11.5	25.6	17.8	21.6	23.0
1958	17.0	17.6	17.3	16.4	9.9	9.8	9.8	11.7	14.7	18.0	16.4	22.5
1959	17.7	17.5	17.6	16.5	9.6	9.7	9.7	11.6	17.1	19.6	18.4	22.0
1960	19.1	18.2	18.6	17.1	9.7	9.7	9.7	11.5	21.1	18.5	19.8	21.7
1961	19.8	17.4	18.6	17.4	9.1	9.6	9.4	12.0	19.0	17.1	18.1	21.4
1962	20.3	18.2	19.2	18.0	9.1	10.1	9.6	11.9	16.5	19.5	17.9	21.4
1963	20.8	17.6	19.2	18.2	9.3	10.5	9.9	12.2	17.7	17.6	17.7	20.9
1964	21.8	18.5	20.1	18.4	8.4	9.1	8.7	11.3	16.5	17.1	16.7	20.0



(g) CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF BUCKINGHAM, 1964

Causes of Death	Sex	Aggregate of Urban Districts											Aggregate of Rural Districts												
		Under 4 wks.	4 wks.-under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total	Under 4 wks.	4 wks.-under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total
ALL CAUSES .. ..	M	42	9	7	6	17	20	41	105	242	318	373	1,180	38	9	9	15	27	18	51	95	244	310	403	1,219
	F	30	14	6	7	9	18	35	48	116	236	517	1,036	29	7	5	4	5	8	24	48	116	254	682	1,182
1—Tuberculosis, Respiratory .. ..	M	—	—	—	—	—	—	1	1	2	1	1	6	—	—	—	—	—	—	1	—	2	1	2	6
	F	—	—	—	—	—	—	—	1	3	2	—	6	—	—	—	—	—	—	—	—	—	—	2	2
2—Tuberculosis, Other .. ..	M	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2
3—Syphilitic Disease .. ..	M	—	—	—	—	—	—	—	—	2	1	1	4	—	—	—	—	—	—	—	—	2	3	—	5
	F	—	—	—	—	—	—	—	—	1	1	—	2	—	—	—	—	—	—	—	—	—	1	1	2
4—Diphtheria .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5—Whooping Cough .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
6—Meningococcal infections .. ..	M	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7—Acute Poliomyelitis .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8—Measles .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9—Other infective and parasitic diseases .. ..	M	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	1	—	1	3
	F	—	—	—	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	1	—	—	3
10—Malignant neoplasm, stomach .. ..	M	—	—	—	—	—	—	—	—	7	8	8	23	—	—	—	—	—	—	—	2	2	7	5	16
	F	—	—	—	—	—	—	—	1	3	2	13	19	—	—	—	—	—	—	—	2	5	13	20	20
11—Malignant neoplasm, lung, bronchus .. ..	M	—	—	—	—	—	—	3	12	47	28	22	112	—	—	—	—	—	—	3	13	36	36	11	99
	F	—	—	—	—	—	—	—	3	6	8	4	21	—	—	—	—	—	—	—	1	3	7	5	16
12—Malignant neoplasm, breast .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	2	7	5	12	13	8	47	—	—	—	—	2	4	7	8	10	18	49	—
13—Malignant neoplasm, uterus .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	1	2	4	7	4	18	—	—	—	—	—	—	—	4	2	4	1	11
14—Other Malignant and Lymphatic Neoplasms .. ..	M	—	—	—	1	1	1	6	13	25	36	36	119	—	—	1	3	—	2	7	13	29	23	36	114
	F	—	—	—	1	1	1	6	9	21	27	28	94	—	—	1	1	2	1	7	6	35	30	38	121
15—Leukaemia, Aleukaemia .. ..	M	—	—	1	—	1	—	2	1	1	2	3	11	—	—	2	1	—	1	1	1	1	1	1	9
	F	—	—	—	1	—	1	—	2	1	—	5	10	—	—	—	—	—	1	—	1	3	2	7	—
16—Diabetes .. ..	M	—	—	—	—	—	—	—	1	—	2	4	7	—	—	—	—	—	—	—	1	—	2	1	4
	F	—	—	—	—	—	—	—	1	—	2	3	7	—	—	—	—	—	—	1	—	—	2	5	8
17—Vascular lesions of nervous system .. ..	M	—	—	—	—	—	—	2	6	22	30	35	95	—	—	—	—	—	1	2	4	14	30	49	100
	F	—	—	—	—	—	1	1	3	16	46	99	166	—	1	—	1	—	2	1	4	12	37	128	186
18—Coronary disease, angina .. ..	M	—	—	—	—	—	1	8	27	72	95	79	282	—	—	—	—	—	2	15	33	83	97	93	323
	F	—	—	—	—	—	—	1	6	16	52	91	166	—	—	—	—	—	—	1	4	24	49	107	185
19—Hypertension with Heart disease .. ..	M	—	—	—	—	—	—	—	1	5	8	4	14	—	—	—	—	—	—	—	1	—	2	7	16
	F	—	—	—	—	—	—	—	1	1	4	15	20	—	—	—	—	—	—	—	2	5	26	48	92
20—Other heart disease .. ..	M	—	—	—	—	—	1	5	5	8	24	50	93	—	—	—	2	—	2	5	9	26	48	92	—
	F	—	—	—	—	—	—	2	6	17	83	108	—	—	—	—	—	—	1	—	2	5	26	107	141
21—Other circulatory disease .. ..	M	—	—	1	—	—	1	1	2	7	7	18	37	—	—	—	—	—	1	—	2	7	15	22	47
	F	—	—	—	—	—	—	4	—	2	8	21	35	—	—	—	—	—	1	—	3	4	17	42	67
22—Influenza .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
23—Pneumonia .. ..	M	3	—	—	—	2	1	—	1	6	18	47	78	3	3	—	3	—	—	1	2	9	15	49	85
	F	—	4	1	1	—	3	1	—	5	13	69	97	1	—	1	1	—	—	1	2	1	14	81	102
24—Bronchitis .. ..	M	—	—	1	—	—	—	1	2	14	31	22	71	—	2	—	—	1	—	1	3	13	21	24	65
	F	—	—	—	—	—	—	—	1	3	9	19	32	—	1	1	—	—	—	—	1	2	7	15	27
25—Other diseases of respiratory system .. ..	M	—	—	1	—	—	—	1	2	8	1	1	14	—	—	—	—	—	1	—	—	3	2	4	10
	F	—	—	—	1	—	—	—	—	—	2	—	3	—	—	—	—	1	—	1	1	—	—	3	7
26—Ulcer of Stomach and Duodenum .. ..	M	—	—	—	—	—	—	—	3	3	8	3	17	—	—	—	—	—	—	1	—	4	3	3	11
	F	—	—	1	—	—	—	—	1	—	—	—	4	—	—	—	—	—	—	—	1	1	4	6	—
27—Gastritis, Enteritis, Diarrhoea .. ..	M	—	—	—	—	—	—	—	—	1	—	2	3	—	—	1	—	—	—	—	—	1	1	2	6
	F	—	—	—	—	—	1	1	—	2	1	1	6	—	—	—	—	—	—	—	2	4	5	11	—
28—Nephritis and Nephrosis .. ..	M	—	—	—	—	—	—	1	—	2	—	2	5	—	—	—	—	1	3	—	—	4	1	3	12
	F	—	—	—	—	—	—	—	1	1	1	7	10	—	—	—	—	—	—	—	—	—	—	3	3
29—Hyperplasia of prostate .. ..	M	—	—	—	—	—	—	—	—	—	2	8	10	—	—	—	—	—	—	—	—	—	—	8	8
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30—Pregnancy, Childbirth, Abortion .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	2	1	—	—	—	—	3	—	—	—	—	—	—	1	—	—	—	—	1
31—Congenital Malformations .. ..	M	6	5	—	1	1	—	1	1	—	1	1	18	7	1	—	1	—	—	—	3	—	—	—	13
	F	7	5	1	—	1	—	1	—	—	—	—	15	4	3	—	—	—	—	—	—	—	—	—	7
32—Other defined and ill-defined diseases .. ..	M	33	2	—	1	4	2	6	9	8	11	14	90	28	—	1	—	7	—	4	1	13	14	22	90
	F	23	1	2	1	3	2	4	6	6	13	31	92	24	1	—	—	1	—	3	4	6	23	58	120
33—Motor vehicle accidents .. ..	M	—	—	1	1	5	5	3	8	1	2	—	26	—	—	2	1	14	4	7	3	1	5	2	39
	F	—	—	—	2	1	1	—	—	—	2	1	8	—	—	—	1	1	—	—	2	2	2	4	13
34—All other accidents:																									
(a) In the home .. ..	M	—	2	—	1	—	1	—	—	2	1	5	12	—	2	2	—	—	—	—	1	—	—	6	11
	F	—	3	—	—	—	—	1	1	2	1	4	12	—	1	—	—	—	—	—	—	—	1	16	18
(b) Otherwise .. ..	M	—	—	1	1	2</																			

(h) SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED  
DURING THE YEAR 1964

DISTRICT	Tuber- culosis		Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcol Infections	Acute Poliomy- elitis		Acute Enceph- alitis		Dysentery	Ophthalmia neonatorum	Puerperal Pyrexia	Smallpox	Para-typhoid Fever	Typhoid Fever	Food poisoning	Erysipelas
	Respiratory	Other							Paralytic	Non- paralytic	Infective	Post infections								
URBAN																				
1. Aylesbury Borough ..	7	2	2	12	-	533	2	-	-	-	-	-	14	-	1	-	-	-	-	-
2. Beaconsfield .. ..	-	-	-	4	-	311	-	1	-	-	-	-	-	-	1	-	-	-	-	-
3. Bletchley .. ..	5	2	18	11	-	210	-	1	-	-	-	-	-	1	2	-	-	-	2	-
4. Buckingham Borough ..	-	2	-	6	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Chesham .. ..	5	-	1	-	-	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Eton .. ..	-	-	-	7	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. High Wycombe Borough	15	3	7	3	-	40	-	-	-	-	-	-	-	-	1	-	-	-	-	2
8. Linslade .. ..	1	-	2	3	-	93	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Marlow .. ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Newport Pagnell .. ..	1	1	-	1	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. Slough Borough .. ..	45	15	23	35	-	194	2	-	-	-	-	1	2	1	20	-	-	-	-	5
12. Wolverton .. ..	-	-	1	7	-	40	2	-	-	-	-	-	-	-	-	-	-	-	1	-
TOTAL URBAN ..	80	25	54	89	-	1,509	6	2	-	-	-	1	16	2	25	-	-	-	3	7
RURAL																				
1. Amersham .. ..	6	4	16	115	-	720	15	-	-	-	-	2	1	-	2	-	-	-	-	1
2. Aylesbury .. ..	8	4	12	15	-	213	2	-	-	-	-	-	46	-	4	-	-	-	-	1
3. Buckingham .. ..	1	-	1	18	-	25	2	-	-	-	-	-	-	-	-	-	-	-	-	1
4. Eton .. ..	13	1	18	31	-	188	4	-	-	-	-	-	4	6	39	-	-	-	7	1
5. Newport Pagnell .. ..	3	1	5	7	-	45	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Wing .. ..	2	1	2	6	-	25	-	-	-	-	-	-	-	-	-	-	-	-	3	-
7. Winslow .. ..	-	-	1	5	-	39	1	-	-	-	-	-	-	-	-	-	-	-	-	1
8. Wycombe .. ..	11	1	7	42	-	217	2	-	-	-	-	-	25	-	-	-	-	-	-	2
TOTAL RURAL ..	44	12	62	239	-	1,472	26	-	-	-	-	2	76	6	45	-	-	-	10	7
TOTAL FOR COUNTY ..	124	37	116	328	-	2,981	32	2	-	-	-	3	92	8	70	-	-	-	13	14

(i) DENTAL TREATMENT FOR MOTHERS AND YOUNG CHILDREN, 1964

Numbers provided with dental care:—

	Number of persons examined during the year	Number of persons who commenced treatment during year	Number of courses of treatment completed during the year
Expectant and Nursing Mothers .. ..	209	183	129
Children aged under 5 .. .. .	1,064	513	402

Forms of treatment provided:—

	Scaling and gum treatment	Fillings	Silver Nitrate treatment	Crowns and Inlays	Extrac- tions	General Anaes- thetics	Dentures provided		Radio- graphs
							Full upper or lower	Partial upper or lower	
Expectant and Nursing mothers	54	266	9	—	102	19	12	8	29
Children aged under 5 years	19	764	199	—	203	66	—	—	4



# (j) AMBULANCE SERVICE

Statistics for the year 1964

## PATIENTS

Stretcher cases	..	..	..	30,374	Emergencies/Accidents	..	..	23,548
Sitting cases	..	..	..	161,936	General Removals	..	..	168,762
Total cases	..	..	..	192,310	Total cases	..	..	192,310

## MILEAGE

Ambulances	..	..	..	1,086,050	Vehicle mileage	..	..	1,715,622
Other Vehicles	..	..	..	629,572	Rail mileage	..	..	70,540
Vehicle mileage	..	..	..	1,715,622	Total mileage	..	..	1,786,162

## RAIL

Patients	..	..	..	763	Mileage	..	..	70,540
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## STAFF

## VEHICLES

Superintendents	..	..	..	4	Ambulances	..	..	..	40
Duty Officers	..	..	..	15	Coaches	..	..	..	3
Head Drivers and Leading Drivers				19	Other vehicles	..	..	..	21
Driver Attendants and Attendants				118					
Total Staff	..	..	..	156	Total vehicles	..	..	..	64

## OTHER INFORMATION

No. of journeys	..	..	..	41,695	No. of Ambulance Stations	..	10	
Patients per 1,000 population	..			364	Civil Defence (Ambulance Section):—			
Journeys per 1,000 population	..			78.9	Instructors	..	..	22
Average road mileage per patient	..			8.9	Volunteers	..	..	170
Average rail mileage per patient	..			92.45	Training Vehicles	..	..	6

*Part II*

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SCHOOL HEALTH SERVICE

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## NUMBER OF CHILDREN ON SCHOOL ROLLS

County Nursery Schools .. .. .	801
County Primary Schools (including nursery classes) .. ..	49,121
Secondary Modern Schools .. .. .	19,888
Selective Secondary Schools .. .. .	11,872
Special Schools .. .. .	603
	82,285

The schools population at the end of the year was 2.4% higher than at the end of 1963.

### MEDICAL INSPECTIONS

During the year under review, periodic medical inspections continued to be carried out on the child's entry to school, at ten to eleven years and prior to leaving school.

A total of 26,111 children were examined at these inspections and of these, only 13 were found to be in an unsatisfactory condition. This number was 89 less than the corresponding figure for the previous year, so that in 1964 only one child in every 2,000 examined at periodic medical inspections in the county was found to be in an unsatisfactory condition.

The following tables show the number of children examined at periodic medical inspections each year since 1953, and the percentage with defects requiring treatment:—

<i>Year</i>	<i>Total School Population</i>	<i>Total No. of children examined</i>	<i>% of children with defects requiring treatment</i>
1953	52,288	15,963	10.6
1954	54,647	15,503	11.3
1955	57,658	14,566	7.1
1956	60,628	16,203	9.8
1957	63,779	17,951	8.8
1958	67,033	17,531	10.0
1959	69,901	19,902	9.3
1960	73,017	19,516	10.8
1961	75,794	23,734	9.7
1962	77,429	22,802	8.7
1963	80,833	24,860	10.6
1964	82,285	26,111	11.3

Reference was made in my report for 1963 to the fact that although there was a decrease in the number of children found to be in an unsatisfactory condition there was an appreciable increase in the number of those who, in the opinion of the examining School Medical Officer, had defects requiring treatment. This trend continued during 1964.

It is interesting to note that the proportion of children found to require treatment was roughly the same in all three age groups.

In addition to these periodic medical inspections, School Medical Officers carried out 4,694 other examinations, of which 934 were special examinations undertaken at the request of parents, teachers or school nurses. The other 3,760 examinations were re-inspections of children who at previous inspections had been found to have defects requiring observation. During 1963, 1,549 special inspections and 3,384 re-inspections were carried out.

Of the 934 children specially examined, no less than 80.5% were found to require treatment, mainly because of defects of vision, hearing, speech, and of nose and throat. This figure emphasises the importance of full co-operation from parents, teaching and nursing staff in bringing forward pupils thought to have defects. This enables defects to be treated much more quickly than would be the case if they remained undetected until a periodic medical examination brought them to light.

### DEFECTS FOUND ON MEDICAL EXAMINATIONS

#### Skin disease

A total of 159 children examined at periodic medical inspections during 1964 were found to require treatment because of skin diseases. Of this total, 73 were in the intermediate age group, 69 in the school leaver group and the remaining 17 in the entrant group. The overall incidence of skin disease amongst the children examined was, at 1.1% higher than the corresponding figure for the previous year. In addition, 143 children examined were found who needed to be kept under observation because of skin defects.



## Eye Defects

More than one third of the total of 3,070 children examined at periodic medical inspections and found to require treatment for eye defects were suffering from defective vision. In addition, 490 of those children although not requiring treatment because of their vision needed to be kept under observation. This is somewhat less than the corresponding figures for 1963.

There was a welcome drop in the number of children found to be suffering from squint; the total of 95 found to require treatment because of this defect was 84 lower than the figure for the previous year.

During the year, 3,203 children received treatment because of errors of refraction (including squint) and spectacles were prescribed for 1,242 pupils. It has to be remembered, however, that not all children with visual defects requiring treatment are referred from school medical inspections, since treatment can be obtained through the family doctor and the hospital services.

## Ear defects

Of the children examined at periodic medical inspections some 375 were found to have defects of hearing which required treatment and a further 321 children had similar defects which did not require treatment but which made it necessary to keep the children concerned under observation. The number of children found to have hearing defects was 96 more than the corresponding figure for 1963.

A total of 26 children were found to be suffering from chronic diseases of the middle ear and were referred for the necessary treatment. A further 32 children were recommended for observation because of this defect.

Selective examinations are carried out by health visitors trained in the use of pure tone audiometers although there is no formal system of routine audiometric tests in the County. Children who are thought to have some hearing loss, or who are having difficulties which could be associated with a hearing impairment, can be referred to the health visitor concerned by teachers or parents. Those children whose responses to the audiometric tests are unsatisfactory or doubtful are referred to the school medical officer for more detailed examination. If necessary, the child can be referred through the family doctor for consultant examination.

Information relating to children referred during 1964 to health visitors for audiometric testing is given in the following table:—

<i>Division</i>	<i>No. of children referred to health visitors for testing</i>
Amersham/Chesham	64
Aylesbury	151
Buckingham/Winslow	12
Eton	150
High Wycombe	85
North Bucks	73
Slough	131
TOTAL	666

Audiometric tests were also carried out on 19 children in attendance at Wendover House Special School and on 18 children at the Knotty Green Special School.

The three Partially Hearing Units in the County continued to be fully used during the year. The Slough Unit caters for children of junior school age and the Amersham and High Wycombe Units take children from nursery schools and give them help up to the end of their junior school course.

The Units have proved valuable for diagnostic purposes and several children have been transferred to special schools after a period of investigation in the Units.

It is hoped to appoint, shortly, a peripatetic teacher of the deaf who will help children with some hearing loss in the ordinary schools and he will be working, in particular, with children of secondary school age.

## Speech defects

At periodic or special inspections during 1964, 268 children were found to have speech defects and were recommended for speech therapy; this was 96 more than the figure for the previous year.

The North Bucks area of the County was without a full-time speech therapist for the whole year; some help was, however, given by a part-time speech therapist but the eighteen cases treated by her were all pupils of the White Spire School, Bletchley.

The reports submitted on the work of the speech therapists throughout the year are as follows:—

#### *Aylesbury Area*

Miss E. A. Williams writes:—

“ There has been an increase this year in the number of children referred for speech therapy. In consequence, although Aylesbury cases can be seen immediately, those in outlying districts often have to wait several months before treatment can be arranged. In some instances, children are seen regularly in their homes when other accommodation is not available.

Schools in the area have, once again, been most helpful in trying to provide satisfactory working conditions, but sometimes these are, unavoidably, far from ideal. It is encouraging to note that many teachers are becoming increasingly interested in speech therapy.

On a number of occasions visits have been made to mothers of pre-school children to discuss their problems and give advice. In some instances it was necessary to give treatment to the children.

The majority of cases treated in 1964 were multiple dyslalias, often with associated delayed language development. The number of stammerers has increased, noticeably among children in the secondary school age range.

#### Statistics:

No. of cases treated in 1964	..	..	..	..	..	124
No. of new cases .. ..	..	..	..	..	..	44
No. of cases discharged ..	..	..	..	..	..	36
No. of attendances in 1964	..	..	..	..	..	1,627
No. on Register 31.12.64	..	..	..	..	..	88
No. on waiting list 31.12.64	..	..	..	..	..	26 ”

#### *High Wycombe/Amersham Areas*

Miss J. Shakeshaft reports:

“ Since Mrs. Arkle left in July, 1963, this area was without a speech therapist until September 28th, 1964. During that period urgent cases had been referred to Miss Harrod at the High Wycombe Hospital, Miss Wade had seen some cases and taken clinics at Tylers Green and Princes Risborough, and a waiting list of 29 had accumulated. Eleven weekly clinics are held at High Wycombe and Marlow Health Centres and six schools. Ten other schools have been visited and home visits made. There are still a large number of schools unvisited and 43 of Mrs. Arkle's old cases to be reviewed.

#### Statistics:

Number on register 31.12.64	..	..	..	..	..	93
Number on waiting list ..	..	..	..	..	..	0
Number of attendances ..	..	..	..	..	..	577
Number admitted .. ..	..	..	..	..	..	75
Number discharged .. ..	..	..	..	..	..	23 ”

#### *Slough*

Dr. M. A. Charrett, Divisional School Medical Officer, reports as follows:—

#### “ Statistics:

Number on waiting list 1.1.64	..	..	..	..	..	16
Number on waiting list 31.12.64 ..	..	..	..	..	..	7
Current cases being treated at 31.12.64	..	..	..	..	..	140
Number discharged during 1964 ..	..	..	..	..	..	108
Number treated during 1964 .. ..	..	..	..	..	..	248

The number of cases treated shows a big increase upon 1963 and this is largely due to the fact that we had almost our full complement of Speech Therapists throughout the year.

We were extremely fortunate in having a highly qualified and very experienced American Speech Therapist, Miss Phyllis Singer, with us during the whole of 1964. We found her services of great value in many different ways but perhaps most of all in the Cerebral Palsy Unit, in which she spent a great deal of her time."

### Eton Division

Dr. G. M. Hobbin, the Divisional School Medical Officer, reports:—

"The number of cases we have had in this Division during 1964 have not been very large and altogether I think the service has been satisfactory. The figures in detail are as follows:

Total number of cases under treatment at 1.1.64	..	..	45
and at 31.12.64	..	..	39
Number of cases (new) referred during the year	..	..	36
Number discharged during the year	..	..	31
Number of cases at 31.12.64 who have not yet been given appointments			—
Total attendances for the year	..	..	837

During the year, Miss Singer, a speech therapist from America who trained in her own country, was granted permission by the Government to work in this country and was appointed to a vacant post in the Eton and Slough Divisions. Miss Singer's report on her work during the year is as follows:—

### " I. CLINICS

- A. The clinics have been held in various health centres and schools. Facilities vary in these places. The following are suggestions for the therapists' needs:
  1. a room reserved for her on a specific day each week at which time there shall be a *minimum* of interruptions.
  2. these rooms should contain a mirror, ample electrical outlets, and suitable sized tables and chairs for younger children.
- B. The attendance at the clinics is generally quite good. However, during the school holidays, many children do not attend. Several of the speech clinics are also located in schools, thus there are times when the therapist may see no children at all. Perhaps the 4 week annual holiday for speech therapists might be reviewed with school holidays in mind.

### II. EQUIPMENT

The available equipment is excellent. My sincere appreciation for the county's purchase of the speech trainer which has been a valuable asset to the therapy programme. The present tape recorder is seldom used due to its excessive weight and inappropriate plug for use in all clinics. A less expensive, portable tape recorder would be advantageous. Might there be a possibility for an exchange?

It would appear practical to have more money in the petty cash fund for therapy materials rather than ordering through supply companies. These orders take much too long and a more varied selection is available in the local shops at lower prices.

### III. STAFF LIAISON

- A. Liaison has been good with the school doctors. My special appreciation to Dr. Gray who has been most interested in the therapy program. If there are additional medical examinations or anything pertaining to a child after enrolment in therapy, the therapists have not been notified. Such notification would be appreciated.
- B. The health visitors are helpful at the various clinics.
- C. There is virtually no communication with the schools unless therapy is done in the building. It would be helpful if the therapist met with the infant school headmasters, teachers, and nursery school teachers at a group meeting at the beginning of the school year. At this time there might be explanation of the therapy program and types of children enrolled, and distribution of written material regarding general speech improvement in the classroom. The only contact had with teachers has been upon the therapists' initiative. Copies of "Speak Up" have been distributed and have been found helpful.



- D. Mr. Heard has been most co-operative when there have been children who have come to his attention and that of the therapist.
- E. The Child Guidance Clinic has co-operated by discussing children seen mutually by the therapist. Time has been given to offer suggestions regarding children presenting particular problems and who may in the future need referral to Child Guidance.
- F. The Audiology Unit at Reading has assessed children enrolled in therapy with specific difficulties and has made arrangements for special testing. The research done in Reading and the organisation of the speech and hearing clinic is impressive. It is unique in its organisation, and being within easy reach of Slough, it is felt that closer liaison might be had with this source.

#### IV. PROFESSIONAL GROWTH

Evening meetings (Northwest London area) are held monthly. There are also periodic meetings and conferences arranged by the College of Speech Therapists, Invalid Children's Aid Society and other groups having liaison with the speech therapy profession. Upon occasion, special conferences have been held in the London area. There has not been any money allotted to the therapists for attendance. On the one occasion when fees would have been paid, it was not possible for the staff to attend. Application for reservations was too late due to the necessity of waiting for county approval. All other opportunities for professional advancement have necessitated personal arrangement by the therapist. It is felt that during the fiscal year, a sum of money should be allotted to the therapists for professional growth and development.

Students have come from the West End Training School for practice. This has been successful and it is felt that this policy should continue in the future as it provides a professional link with academic speech pathology. It is also a "feather in the cap" of the local area to be chosen as having a speech therapy program sufficiently suitable to train students.

This has been a most rewarding year for me and I have gained both in experience and knowledge. My deepest appreciation to the Bucks. County Council for making this possible.

#### Lung defects

There was a slight decrease in the number of children examined during the year at periodic and special medical inspections and found to require treatment because of a respiratory defect. The total of 84 was 3 less than the corresponding figure for 1963. On the other hand there was an increase of 2 in the number of new notifications of tuberculosis in school children received during 1964. Nevertheless, tuberculosis in all forms continues to be uncommon in school children, as the following table illustrates:—

NEW NOTIFICATIONS OF TUBERCULOSIS (in age groups)

Age	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
5	1	—	—	—
6	1	—	—	—
7	—	—	—	—
8	—	—	—	—
9	1	—	—	—
10	—	—	—	—
11	—	—	—	—
12	2	—	—	—
13	1	—	1	—
14	—	—	—	1
15	—	—	—	—
16	—	—	—	—
17	—	1	—	—
	6	1	1	1

#### B.C.G. Vaccination

Protection against tuberculosis by B.C.G. vaccination is offered to children prior to leaving school and to students. The following table shows the numbers in each of the school divisions who were skin-tested and vaccinated during the year:—

<i>School Division</i>	<i>No. of Children Tested</i>	<i>No. found to be positive Reactors</i>	<i>No. found to be negative Reactors and Vaccinated</i>
Amersham/Chesham ..	683	41	642
Aylesbury .. ..	1,050	114	936
Eton .. .. .	623	115	508
High Wycombe .. ..	1,477	143	1,334
North Bucks (including Buckingham and Winslow)	936	91	845
Slough .. .. .	1,418	122	1,296
	6,187	626	5,561

These totals include some children found after skin testing to have been vaccinated previously.

In addition to these arrangements for school children and students, children attending Chest Clinics maintained by the Oxford and North West Metropolitan Regional Hospital Boards as contacts of tuberculous patients may also be offered B.C.G. vaccination. Statistics relating to school children attending Chest Clinics are as follows:—

**Oxford Regional Hospital Board Area:**

Children attending as contacts for first time .. .. .	119
Children examined for the first time for other reasons .. ..	231
Children notified as suffering from respiratory tuberculosis .. ..	3

In addition, two children of school age were notified by hospitals as suffering from non-respiratory tuberculosis.

**North West Metropolitan Regional Hospital Board:**

Children attending as contacts .. .. .	294
Children attending for other reasons .. .. .	193
Children notified as suffering from respiratory tuberculosis .. ..	4
Children notified as suffering from non-respiratory tuberculosis .. ..	—

**Orthopaedic defects**

Of the children examined at periodic medical inspections, 415 were found to require treatment because of orthopaedic defects; this figure was 17 more than that for the previous year. In addition, 428 examined at these inspections were referred for observation because of these defects although it was not considered that treatment was required at that time. Of the children examined at special examinations, 22 were referred for treatment because of orthopaedic defects and a further 40 for observation.

Of the 437 children requiring treatment, 140 had postural defects, 198 defects of the feet and 99 other orthopaedic defects.

Treatment for these orthopaedic defects continued to be provided at orthopaedic clinics administered by the Regional Hospital Boards, at special remedial classes, or where the needs were relatively simple, at school by physical education instructors. Remedial classes were held in the Slough Division and the Remedial Gymnast's report on the work undertaken is given below:—

**Report of Remedial Gymnast**

“ In assessing the work for the year, the figures given below show that the number of children requiring treatment is again high, and consequently many are being accommodated in over-large and unsuitable groups. The weekly roll consists of at least 260 children, and at the present time, another 16 sessions would be needed to re-group these correctly and eliminate the waiting lists. In addition to this several new schools have opened in the district during the last few years which has made timetable planning even more difficult.

Head Teachers and staff have continued to give their help and support and 122 parents accepted invitations to attend one of the sessions in school.

In addition, staff at Slough High School and Slough Technical School are continuing treatment to approximately 15 more children.

Of the cases referred this year there is a decline in chest conditions and a marked increase in foot defects.

No. of schools visited .. .. .	35
No. of children treated .. .. .	445
New cases referred .. .. .	212
Children who have left school or district, and those discharged from treatment .. .. .	184

*Summary of cases referred*

Those for postural defects .. .. .	125
Those for foot defects .. .. .	234
Those for knee defects .. .. .	11
Those for asthma and chest conditions .. .. .	69
Those with neurological symptoms .. .. .	6 "

**Verruca Pedis in School Children**

During the Easter Term, the County Chiropodist carried out a survey on the incidence of Verruca Pedis in six Secondary Schools in the High Wycombe area. This survey showed an incidence of verrucae of 2.28%, the rates for boys and girls being more or less equal.

The summary of the investigation was as follows:—

<i>No. of Girls Inspected</i>	<i>No. of cases of Verruca found</i>	<i>No. of Boys Inspected</i>	<i>No. of cases of Verruca found</i>	<i>Total No. of Pupils inspected</i>	<i>Total No. of cases of Verruca</i>	<i>No. already being treated by Hospitals or G.P.'s</i>
2,970	69	1,482	32	4,452	101	28

Parents were offered the opportunity of the child having the verruca treated at the school by the County Chiropodist. Of those who chose this method, all but one were clear by the end of term.

After carrying out the initial inspection, the County Chiropodist expressed his concern at the great number of children suffering from foot disorders that were largely attributable to badly fitting and unsuitable footwear.

**Cerebral Palsy Unit**

Dr. M. A. Charrett, Divisional School Medical Officer, reports as follows on the work undertaken during the year at the Slough unit:—

“ The demands upon this Unit continued to grow during 1964 and at the end of the year, 19 children were attending on a part-time or full-time basis, compared with 15 at the end of 1963.

14 of these children were over the age of five years and twelve of them were receiving full time special educational training according to their individual requirements while the other two and the five remaining children under the age of five years attended the nursery section for whole or part-time training.

Owing to increased numbers, the Centre’s activities were divided into three.

There is now a special care section which looks after the new entrants and the severely physically and mentally handicapped children. A pre-school section which caters for children over five years of age but who are so immature that they are not ready for formal education and a school room in which the remainder receive educational instruction under the guidance of the Headmaster, the assistant teacher and one nursery assistant.



In addition to these children, all of whom receive physiotherapy, another 8 children attended from time to time with their parents for treatment and guidance. It was unfortunate that the physiotherapist was only part-time during most of the year under review but we have been fortunate in obtaining a full-time male physiotherapist who started in December 1964.

Tribute must be paid to the very good work undertaken by Miss Singer, the American Speech Therapist who spent the year working in this area. Her great experience was extremely helpful and she has left behind her the legacy of a high standard of treatment.

With the regular visits paid by the Consultant Paediatrician and with the good liaison which has been effected with the Audiology Unit at Reading, together with the experience of our own staff over the past three years, we now feel that we have a Unit which can compare with the best. New problems will, however, arise in the next two or three years when we must seriously be deciding what facilities will be required for the children during their late childhood and adolescence.

Meanwhile, I would like to record my appreciation of the way in which all the staff have devoted themselves to the children and to express grateful thanks to the Head Teachers of James Elliman County Primary School and Baylis Court Nursery School for offering part-time schooling to the children attending the Centre."

### **Buckinghamshire Child Survey**

This survey is concerned with the mental health of a representative sample of school children in Buckinghamshire and has a primary focus on the frequency of symptoms suggesting emotional disturbances in the school child. Dr. N. Shepherd, who along with Dr. A. N. Oppenheim of the London School of Economics, directs the survey kindly submitted the following report on the year's work:—

"During 1964 it proved possible to complete a postal three-year follow-up study of 800 children and to interview again most of the 100 mothers who were first seen in 1961. This completes the planned field-work. The whole study is being written up and, it is hoped, will be published as a monograph in due course. Dr. Shepherd, Dr. Oppenheim and Miss Mitchell would like to express their grateful appreciation of the help afforded by the County Medical Officer of Health and his staff for their co-operation at every stage of this research."

### **Handicapped Pupils**

Dr. Patricia Herdman, Senior Medical Officer, kindly submitted the following report:—

"The care of handicapped pupils continues to be one of the most important functions of the school health service. As the school population grows so does the number of handicapped pupils. Ten years ago, in 1954, out of a school population of 54,647 pupils, 616 (1.1%) were considered to be handicapped and in need of special schooling. Today there are 83,023 pupils and 1,402 (1.6%) are similarly handicapped. In addition, there are many children, less severely handicapped, who manage well in the ordinary school. The progress of each child requires close supervision as, if difficulties begin to arise, other arrangements may be needed to enable the pupil to obtain maximum benefit from his education.

This year no child was newly assessed as blind or partially sighted. There was a large increase in number of maladjusted pupils and, as always, the largest category was the educationally subnormal. Detailed statistics can be found in the tables in the appendix to the report.

As more children are assessed as handicapped more special school places are needed. It is not easy for parents to wait once they know that their child requires special education and it is important that the time on the waiting list should be as short as possible.

The main problem is with the children who are educationally subnormal—312 were awaiting placement in special schools at the end of the year. The Education Committee is well aware of the need to increase the provision for these pupils within the County and a new school for 100 pupils is to be opened in Aylesbury next year. Another special school, in Amersham, is to be built in the near future.

Once new schools of this type are opened, parents and head teachers bring forward the names of suitable pupils more readily, as they can see that special education facilities are available—a wholly desirable situation as school medical officers depend upon the teachers bringing the needs of these children to their notice and the co-operation of the teachers in this and other ways is invaluable.

Co-operation with the teachers alone is not enough. A successful service requires the goodwill of all the people associated with its aims and the care of handicapped children is no exception.

Close liaison with the paediatricians is maintained and is best illustrated at the regular joint clinics held at the hospitals with the paediatrician, the orthopaedic surgeon and school medical officer, where spastic children are examined and in agreement with the parents their future, both medically and educationally, is determined. Sometimes voluntary bodies are

interested and if it is considered that a pupil will need to go to a boarding school, the National Spastic Society assessment panel is called upon and the full reports received after their deliberations are always most helpful.

The general practitioners are consulted and on occasions it would be impossible to complete a plan of action which is in the best interests of the child without their help. Parents like to feel that their family doctor agrees with the decisions they are making on behalf of their children.

Leaving school for a handicapped pupil is an important step in his life and in the life of his family and renewed attention is being given to the need to ensure that suitable employment is found. On some occasions further education is needed or training at a residential establishment. In all cases where a pupil is returning from a residential school to live permanently at home, home conditions may require adaptation both physically and emotionally to his needs and where necessary a skilled social worker is called upon to assist the family during this transition period.

Finally, no report on handicapped pupils would be complete without mention of the close co-operation which continues to exist between the Education and Health Departments."

#### **Child Guidance Service**

The County continued during 1964 to be covered by three child guidance teams; Dr. M. I. Pott directs the team in the South Bucks Area; Dr. C. E. Bagg in the High Wycombe Area and Dr. E. M. Booth the Aylesbury and North Bucks Areas with clinics in Aylesbury and Bletchley.

The psychiatrists have reported as follows on the year's work:—

Dr. M. I. Pott:

"The work of the Slough Guidance Clinic has continued along the same lines as the previous years, diagnosis treatment and advice for families with maladjusted children and preventative work, through group discussions and crisis consultation for bereaved families.

The figures for the Clinic broken down into age groups show that we are still getting too many referrals of the secondary school age in comparison with the Infant and pre-school age. When the cases are examined we find frequently that the child referred has been known to have difficulties at home or in school when much younger and we are hoping that we shall get earlier referrals as parents and referring agencies realise better the advantage of families having clinic help when the children are young.

We continue to concentrate on preventative work as far as possible but for this we have only a limited time so no developments have been possible. Group teaching of professional workers in all welfare work with families of the area continues and crisis consultation, either directly with families who have a death in the family and with social workers and others who are in touch with these families. Our crisis consultation scheme is getting better known outside our area and considerable interest is shown by other clinics and psychiatrists. The subject of personal family and cultural responses to death is being studied sociologically and psychiatrically in many places and a number of sound research projects are showing the harmful effects of the denial of grief and mourning in our present day culture.

The Clinic is still working under very difficult conditions with quite inadequate premises and shortage of staff. I am, however, glad to report that the psychological side of the clinic team has been strengthened by the appointment of a second psychologist. We welcomed Mrs. Thorne to our staff in June 1964.

There is a great shortage of trained workers in every discipline in clinical and social psychiatry and one of the problems is finding suitable clinical experience for the students. I have been asked to take psychiatrists, psychologists and social workers in training for their practical work as we have much to offer at our Clinic in Slough. We cannot help in this very important work with

our present shortage of Psychiatric Social Workers and difficult working conditions, but it has been possible for a Head Teacher doing a Course for Teachers of Maladjusted Children at London University to visit one half day a week since September 1964 to attend case conferences and to observe the work of the psychologists and the special units.

We are very indebted to all the friends in the area who have co-operated so well with us and without whose help the work of the Child Guidance Clinic would be seriously handicapped."

" Number of Families referred during the year	.. .. .	163
Number of Families referred under the Crisis Consultation Scheme	..	16
Age of Child with Symptom—		

	<i>Pre-School</i>	<i>Infant Dept.</i> (5—7)	<i>Junior Dept.</i> (8—11)	<i>Secondary School</i> (11+)	
	12	37	50	64	
Number of cases seen for full investigation (including 21 crisis families)					153
„ „ „ by P.S.W. only	..	..	..	..	8
„ „ „ by Psychologist only	..	..	..	..	4
„ „ „ withdrawn	..	..	..	..	25
„ „ „ in regular weekly treatment on December 31st				..	40
„ „ „ attending less often		..	..	..	70
Waiting list on December 31st for Diagnostic Interviews	..	..	..		14
„ „ „ „ „ „ „ Treatment			..	..	10

Number of Sessions used for group discussions with:

Health Visitors	..	..	..	..	}				
Child Care Officers	..	..	..	..					
Probation Officers	..	..	..	..					
School Medical Officers	..	..	..	..					
Teachers	..	..	..	..		..	..	..	69
Magistrates	..	..	..	..					
Clergy	..	..	..	..					
Staff of Children's Homes		..	..	..					
Student Teachers and Child Care Officers									
Staff of Other Clinics	..	..	..	..	}				

Individual Discussions were held with members of the above and also with:

School Welfare Officers  
 Health Education Officers  
 Mental Health Officers  
 Administrative Staff of Health & Education Departments  
 G.P.'s  
 Hospital Consultants  
 Moral Welfare Officers  
 Speech Therapists "



Dr. E. M. Booth:

*" Aylesbury*

In spite of the fact that we are short of at least one Psychologist, the School Psychological Service has continued to expand slowly. In visiting schools in connection with Clinic cases, Mrs. Elvin and Mr. Wheeler are aware that many teachers would appreciate more help from them with children whose difficulties are mainly educational. If attended to in the early stages these children may never need the full service of the clinic, including investigation by the Psychiatrist and Psychiatric Social Worker. The appointment of another Psychologist to work mainly in the North Bucks. area, for which we now have an establishment, ought to relieve the position somewhat and lead to an expansion of the School Psychological Service in Aylesbury where at present we only have the equivalent of one Psychologist to cover both clinic and schools.

If children with educational difficulties are not helped at an early stage they almost invariably develop secondary emotional disturbance, which can be most resistant to treatment. Early attention to educational backwardness is sound preventive psychiatry and can be an insurance against later severe disturbance and delinquency and therefore would free more clinic time for the treatment of children who at the time of referral are suffering from severe disturbance which can only be relieved by use of the full resources of the clinic.

I share the Psychologists' frustration that we cannot always supply the type of help which some children need. This is a nation-wide problem connected with shortage of teachers in general, remedial teachers, places in special schools and in some areas an absence of the latter. Psychologists and teachers alike are anxious about these matters and when in consultation they know that a child has special needs, they are distressed to find that these cannot always be met.

The clinic work has on the whole been encouraging and it is, I feel, important to note that we get few broken appointments or withdrawals from treatment. This is because we have a nucleus of trained personnel who can offer fairly intensive treatment to some of the more disturbed children and families who are referred.

In some quarters surprise is sometimes expressed that, with a long waiting list, we spend what may seem an inordinate amount of time in the treatment of one child and his family. If we were unable to do this with selected cases, the clinic would be little more than a social agency rather than a specialist clinic in Psychological Medicine.

Serious cases (e.g., severe school phobia where child and parents are all suffering from a neurotic illness) are either unaffected or made worse by a superficial approach. Treatment of serious disturbance, if not thorough, can soon bring a service into disrepute. Also, if members of a clinic team have no opportunity at all to make full use of the skills in which they have been trained, it is inevitable that their work and morale suffer. Even the few cases which we are able to treat intensively, and often to cure, are of great value to both patients and clinic staff. I cannot think of anything more soul destroying than to work in a Child Guidance Service which is only able to carry out diagnosis without treatment.

It is now impossible for one part-time psychiatrist, without junior help, to meet the demands for investigation and treatment and at the same time to carry out the teaching and administrative work of a clinic which is expected to function as a department of Child Psychiatry.

The diagnosis and treatment (even if treatment consists mainly of placement in the right environment) of one case usually involves frequent consultation with many other people involved with the child and his family. This is particularly so with children in care of the Children's Department and/or involved with the Juvenile Court. With four Children's Homes and in addition a Reception Centre in the area, referrals of these urgent and difficult cases continue to increase; without a substantial increase of staff in all disciplines these demands cannot be met adequately.

It is always difficult to know how far a Child Guidance Service can and should deal with the social problems present in most of the cases which come from the Children's Department. Certainly psychiatry cannot "cure" or even alleviate emotional illnesses arising as a result of adverse social conditions. I feel, however, that a Child Guidance Clinic cannot refuse to advise those who have to deal with these problems. However, to help in this way means that children whose problems are truly psychiatric are not seen as soon or as often as desirable and some are never seen at all.

The only staff change during the year was that in September; Mrs. Mundy, Psychotherapist, found that because of her commitments at Great Ormond Street Hospital she had to cut down her attendance at Aylesbury from four sessions to two. This has reduced by half the number of children who can receive intensive psychotherapy. Nevertheless, every member of the team does some psychotherapy and I am impressed by their adaptability and willing acceptance of any task which they and I feel will help the individual patient. They have had some strikingly successful results which have received favourable comment from children, parents and teachers.

The remedial class in charge of Mrs. Hopkins is much more than a means of teaching and for most children is truly therapeutic. There is a great advantage in the fact that it is an integral part of the clinic and the teacher makes a valuable contribution to the treatment of child and family by using her skills as a member of a team with whom she plans and discusses how best to meet the patient's need.

During the past year practically all the children in residential schools for maladjusted have been seen each holiday. It is important that children attending residential schools should not lose contact with the clinic and I regret that we have not more time and staff available to do intensive work with families of children so placed. However, most parents, at their own request, do keep in touch with us and consult us from time to time about what is happening to the child.

*Bletchley*

With regard to the Bletchley Clinic, there is nothing to add to the long and, I fear, gloomy report that I wrote last year. Our great need is for more staff, and especially for a remedial class which is therapeutically orientated, such as is the one at Aylesbury. There are in Bletchley many parents who find it difficult or impossible to co-operate in psychotherapy. Often they complain, and rightly, that the child is not doing well at school and I believe that many of them would, through an initial approach to the child's educational difficulties, be led to accept help with his and their own emotional problems. The value of such a remedial class has been proved over and over again both in Aylesbury and High Wycombe.

During the year I have continued to see, at the request of other consultants, children in the local hospitals. I have spent a good deal of time in the Children's Ward at Stoke Mandeville Hospital where the medical and nursing staff deal with many disturbed children in a most understanding way.

Joint discussions between the paediatrician (Dr. MacCarthy) and the Clinic team are held regularly and we find them now of greater value than the joint clinic we formerly held. This, in its day, was most useful but eventually, Dr. MacCarthy and I found it too time consuming and can now cover many more cases in the course of a joint discussion. The help which, Dr MacCarthy, as Consultant Paediatrician, gives to the Child Guidance Clinic is invaluable.

I am grateful to all my medical colleagues in both Aylesbury and Bletchley areas for the many ways in which they co-operate in the work with children and families. This applies not only to my psychiatric colleagues but also to the consultants in many other specialties and also the family doctors. It is a pleasure to thank them for so much help. I also thank those members of the School Health Service and the Education Department who have co-operated in the handling of many complicated and difficult problems. It is sometimes said that a Child Guidance Clinic is a setting in which tensions are apt to arise with consequent difficulties in interpersonal relationships. I consider that the Aylesbury and Bletchley Child Guidance Clinics are particularly fortunate in that they work as a team where each member is willing to help his colleagues: I hope that my colleagues know how much I appreciate this.

For what they are worth, figures are given: they cannot, however, give a picture of the work done in the Clinics. The waiting list is artificially kept low as doctors are urged to refer only the most urgent cases. As I have said many times, this means that the Clinics carry a load of the most serious and complicated cases and other children and families who could be helped at an early stage by fairly simple means, are not referred.

					<i>Aylesbury</i>	<i>Bletchley</i>
Number of families referred during 1964	..	..	..		83	52
Number of cases seen for full investigation (some were referred in 1963)		..	..		143	55
Age groups—Pre-school	..	..	..	..	4	1
5-7	..	..	..	..	19	9
8-11	..	..	..	..	54	19
11+	..	..	..	..	58	26
Over school age	..	..	..		8	—
Number of cases seen in regular treatment on 31st December					16	20
Number of cases attending less often	..	..	..		34	7
Waiting list on 31st December	..	..	..	..	26	13 "

Dr. C. E. Bagg:

" During the past year the number of requests received for help has again risen. This increase has consisted largely of calls from other agencies, such as the Children's Department, for advice, but we have also received requests from other Clinics for continuation of the assistance to their children when they have moved into this area. The additional measures previously put into



operation to meet the volume of work have continued to be of value, e.g. the greater frequency of Social Worker home-visits for assessment of urgency and rendering of psychological first aid. Nevertheless, achievement of satisfactory inroads into the list of referrals has still presented difficulty and the recent upgrading of the establishment, which will now include an additional Psychiatrist, Educational Psychologist and Social Worker, is therefore a provision for which the members of the team are very grateful and one which should prove to be a most helpful measure. It is hoped, for example, that this extra staffing may now release some time for group discussions on a sessional basis with other agencies. Hitherto, such a system would have encroached too severely on the timetables of the limited number of personnel comprising the team.

In August, 1964, Mrs. Thorstad, the Educational Psychologist, was appointed to a post at the Child Guidance Training Centre in London. While greatly regretting her departure, the members of the team were delighted that she obtained promotion to a post of such high standing in her profession. We would like to express our gratitude for the first class services that she rendered to the High Wycombe and Amersham Area, and our best wishes for a happy career in her new situation. We also extend our welcome to Miss Cameron, who joined the Clinic in November, 1964, and quickly dealt with much of the backlog of work which had accumulated in the hiatus between August and November.

Our Class for Maladjusted Children has made further strides during the year. With the arrival of a class helper in February 1964, the work was able to go forward with greater intensity because it then became possible to contain children with more severe degrees of disturbance. Two children now attend who are completely unsuitable for any form of education otherwise existing in the County. They are slowly beginning to make some adjustment to social living. The Class has also continued to prove its value as a centre for observation, providing diagnostic data and often the information essential for an adequate decision on ultimate disposal. There has been close co-operation with the parent schools which, of course, play an important part in the children's readjustment by provision of an organized environment. There has been a steady increase of equipment and during the last term, transport has been organised on a more suitable basis. The necessary flexibility of the unit depends very much on the availability of transport in many areas.

The meetings with the Consultant Paediatricians have been held throughout the year as frequently as the pressure of work has permitted, and the exchange of views and mutual assistance have been very helpful to all concerned.

In conclusion, mention should be made of the contribution of the School Psychological Service through the preventive aspects of its work. By suitable management of educational difficulties the need for a Clinic referral can sometimes be averted. The advances in this field during the past year are much appreciated; for example, the extension of the services of the remedial teacher from part-time to full-time employment. Under the supervision of the Educational Psychologist children can be given specialist tuition where backwardness in a particular subject is causing clinical complications. Similarly, the Opportunity Classes, which are designed for children backward in attainments but not necessarily dull, provide most valuable services which are becoming increasingly in demand. The appointment in 1965 of a number of teachers for the coaching, under the supervision of the Educational Psychologist, of groups of backward readers, should also help us on the preventive level. Sincere thanks are due to the Education Authority for all these measures."

#### *Clinic Figures for 1964 :*

New cases seen during 1964	..	..	..	..	..	..	76
Number of children seen in 1964	..	..	..	..	..	..	154
Number of total Clinic attendances in 1964	..	..	..	..	..	..	650
Clinic sessions held per week	..	..	..	..	..	..	4
Number of children referred in 1964	..	..	..	..	..	..	118
Number of children awaiting Clinic appointments on 31st December, 1964	..	..	..	..	..	..	149

### SCHOOL NURSING SERVICE

The health assistants, under the guidance of the health visitors, have continued to do much of the routine work within the schools. This is summarised below, with figures for 1963 in brackets:—

#### *Health Visitors*

Sessional work in schools	..	..	..	..	..	..	1,034	(1,110)
Home visits	..	..	..	..	..	..	1,878	(1,942)



#### *Health Assistants*

School medical inspections .. .. .	1,358 sessions	(1280)
Health surveys .. .. .	655 sessions	(601)
Weighing and measuring and vision testing .. ..	535 sessions	(542)
Ophthalmic clinics .. .. .	24 sessions	(34)
Other clinics .. .. .	27 sessions	(18)
B.C.G. .. .. .	111 sessions	(112)

The number of children found to be infested with nits or lice showed a substantial decrease in 1963 after remaining at much the same level since 1957. This improvement was maintained in 1964, when 370 children were found to be infested compared with 384 the previous year.

This year many of the health visitors have taken part in the campaign against smoking, showing the film-strip produced by the Health Education Section "A Dangerous Habit" to children in their last year at primary school. They found that this promoted lively discussion and many questions.

Advice concerning health and hygiene is given to individuals and groups whenever health visitors or health assistants are in the schools and a continuing watch is kept for any deviation from the normal.

Two one-day training sessions in audiometry were held during the year, attended by fifteen health visitors, four district nurse/midwife/health visitors and two health assistants. In 1964, the hearing of 666 children suspected of deafness was tested using a pure-tone audiometer.

### HEALTH EDUCATION

Health education in schools undertaken by members of the County Health Department staff in support of the education in health matters given by the teachers themselves, again showed an increase this year.

Some 137 sessions were occupied in the teaching of such subjects as child-care and "growing up" with the older school-girls. On a further 254 occasions such topics as dental health, and smoking and health were discussed with pupils in various schools at the request of the head teachers. The vitally important question of smoking and health is being dealt with in the junior schools mainly by the health visitors, and endeavours are made to put this teaching on a regular basis throughout the County.

Further progress was made this year towards the establishment of a regular routine in all areas whereby dental health education is linked to the visits to the school by the school dentists. This activity is reported in the School Dental Service section.

More and more schools are taking steps to provide sex education for the older pupils and the aim generally is to integrate the instruction at points in the syllabus where it takes a natural place. Different schools attempt this in different ways. At one school, Wing County Secondary, Dr. M. Rudd, the wife of the local general practitioner, gave talks dealing very largely with facts to the second year children at appropriate stages in their usual biology studies, and a health visitor gave four lessons to a fourth year group on the responsibilities of growing up and on child care.

The Headmaster felt that the children welcomed the course and profited by it. Subsequent to these lessons a member of the parent teacher association committee asked for a talk to be given to the parents on the ways of dealing with adolescents and the problems of growing up. In general it was felt that this approach was most successful and it is to be repeated.

In South Bucks a method of oral resuscitation was demonstrated after school to eleven groups of Junior School Staff, with a total attendance of 107.

### SCHOOL DENTAL SERVICE

Mr. C. H. Griffiths, Principal School Dental Officer, submitted the following report on the school dental service:—

"The School Dental Service continued to expand during the year under review.

New high speed turbine dental engines were taken into use in some of the clinics and other new equipment was installed. The two Mobile Dental Clinics were in use during the whole year and it was therefore possible to provide dental treatment in these caravans for a number of schools where conditions for treatment had hitherto been unsatisfactory. The value of the mobile clinics has been shown by a higher acceptance rate in those schools, especially in the rural areas where the caravans have operated.

A number of overseas visitors came to inspect our dental services and they were particularly interested in the new Mobile Dental Unit, which was designed to our specification last year.

The toothpaste survey, to which reference was made in my report for 1963, and which is being carried out by the Preventive Dentistry Department of the Royal Dental Hospital, in the High Wycombe and Amersham areas, and the survey of some of the children in the Slough area who have had the advantage of a natural fluoride content in their drinking water, continued during 1964. In addition, one of the dental officers conducted an investigation, which is continuing, into the benefits of topically applied fluoride solution as a method of reducing the incidence of dental caries in some of her patients.

### *Staff*

Although it was not possible to attain the full establishment of dental officers, additional part-time officers were recruited to the staff. One member of our staff, Mr. Bristow, who did most valuable work in the Slough area, left us to become an Area Dental Officer in West Sussex. We wish him every success in his new appointment.

### *Dental Health Education*

The policy of providing some form of dental health education at schools about the time of the dental inspection has been further developed in co-operation with the Health Education team.

The Dental Auxiliary in the Slough area was able to give talks to over seventy classes. This valuable work has been seen to produce a sense of greater awareness of the importance of good dental health and hygiene. We had the part-time services of a dental hygienist during some months in 1964 and she carried out some very useful work in dental health education in the High Wycombe and Princes Risborough areas.

Talks were also given by dental officers to schools, to groups of Mothers' Clubs and to the Bucks and Oxen Branch of the Association of District Nurses, and there appears to be an increased interest in the importance of Preventive Dentistry and in carrying out the advice of the lecturers in respect of tooth brushing and good dietary habits.

Our overseas visitors were interested to see the many aspects of dental health education which were demonstrated by the staff.

The Chief of the Dental Health Education Department of the American Dental Association visited the County to watch the teaching of "dental health" in the schools and clinics by members of the Health Education team and by the Dental Auxiliary.

The Oral Hygiene Service Mobile Cinema van visited some schools in the Aylesbury area to show films on the care of the teeth.

### *Courses and Conference*

A short course for dental officers was held at Missenden Abbey, when lectures were given by members of the staff of the Children's Dentistry Department of the Royal Dental Hospital, London. It was felt that this course was valuable in keeping the dental officers informed of the latest forms of treatment being developed in the teaching hospitals.

Some of the staff also attended Post-graduate Courses in Children's Dentistry at the British Dental Association Headquarters in London, and others attended lectures at the Annual Conference of the British Dental Association.

### *Statistics*

I am pleased to be able to report that during 1964 it was possible to inspect more school children than in any previous year. The number of patients needing emergency treatment for the relief of toothache has declined, and the number of those attending for routine treatment has increased.

The number of fillings and of other forms of more advanced conservative work also increased. On the other hand, the number of children requiring artificial teeth has fallen; a trend which is welcomed.

There was an increase in the number of children receiving orthodontic treatment for the correction of dental abnormalities.

The general picture of the dental health of the school child is encouraging. Many children are receiving regular dental attention from practitioners in the general dental service, and in the

older age groups the standard of dental fitness has improved considerably over the last few years. The improvement in appearance and function of the teeth, in patients who have had orthodontic treatment, has been most impressive.

Head Teachers were most co-operative and showed great interest in the dental condition of their pupils. They were most anxious to help in the dental surveys being carried out and welcomed the dental officers, the dental auxiliary and the dental hygienist into their schools. I take this opportunity to thank them sincerely for their help and support. I would also like to thank the Consultant Anaesthetists and others for their help throughout the year."

### ORTHODONTIC TREATMENT

Miss A. Blandford, the County Orthodontist, submitted the following report on her work during the year under review:—

"The number of children referred by the school dental officers for orthodontic treatment continued to increase and during the year totalled 450. Of these, 390 were examined and accepted for treatment, the remaining number being placed on the waiting list. In addition, 1,124 children whose treatment was commenced prior to 1964 continued to receive treatment during the year.

Removable appliances fitted totalled 344, 180 of which were fitted for new patients. The remainder were second or third plates for children whose treatment was more advanced.

Children whose treatment was completed numbered 187, some by extractions only, but mostly by appliance therapy.

Of the 110 children whose treatment was discontinued during the year, the majority moved from the County and continued their treatment elsewhere. A few, however, were those who either continuously failed their appointments or were unco-operative in the wearing of appliances.

As previously, a number of children were referred to Stoke Mandeville and Upton Hospitals for X-rays and surgical treatment, and a further 20 children received their orthodontic treatment jointly with Stoke Mandeville Hospital."

### SCHOOL MEALS SERVICE

The following report was submitted by the County School Meals Organiser:—

#### "CENSUS FOR AUTUMN TERM, 1964

Meals for a day in			September, 1964	September, 1963
Number of day pupils present	..	..	75,095	73,081
Number taking school dinners	..	..	52,476 i.e. 69.94%	49,781 i.e. 68.12%
Number of dinners provided free	..	..	1,387 i.e. 2.64%	1,366 i.e. 2.86%
<b>Milk</b>				
(a) <i>Maintained Schools</i>				
Number of pupils present	..	..	75,242	73,401
Number drinking milk in school	..	..	58,177 i.e. 77.32%	56,426 i.e. 76.87%
(b) <i>Independent Schools</i>				
Number of pupils present	..	..	10,739	11,027
Number drinking milk in schools	..	..	9,373 i.e. 87.28%	9,583 i.e. 86.90%

The number of children taking meals again shows an increase over the previous year, and the percentage of diners (69.94%) is the highest achieved.

The percentage of pupils taking milk in schools shows a slight increase over the previous year.

Since January, 1964, 16 new school kitchens have been opened. This includes one new kitchen in an existing school and five new kitchens replacing old and unhygienic kitchens in existing schools.

In addition, several schemes for improvements and adaptations to existing premises have been carried out. New streamlined stainless steel equipment has been installed in many of these kitchens and glazed sinks and wooden draining boards are gradually being replaced by stainless steel units in existing kitchens where no other improvements are required.

Meetings of School Meals Staff continue to be held, at which correct methods of preparation and cooking of food is explained and the importance of cleanliness and hygiene is stressed.



## PHYSICAL EDUCATION

Miss J. K. Clark and Mr. C. Franks, Organisers of Physical Education, submitted the following report:—

### *Swimming*

“ The programme for swimming at open-air centres during the Summer Term continues to expand, and full use is made of all the publicly owned swimming pools. Fifteen centres are used, but these are not sufficient to include swimming instruction for all Secondary and Junior pupils. Priority has, of necessity, still to be given to all non-swimmers.

There is great interest shown by both Secondary and Primary schools in the provision of swimming pools for schools. The Education Committee's system of grant is most encouraging towards these projects and Head Teachers are very enthusiastic about the excellent value and results that are obtained from having a swimming pool, be it small or large, on the school site. A total of 25 school pools have already been installed and there are at present 30 others under consideration. Heating has been included in several of these school swimming pools, and this has enabled instruction to be extended at the beginning and end of the season.

The National Technical Officers of the Amateur Swimming Association have given lecture/demonstrations to teachers on the latest methods of teaching. These demonstrations were held in Aylesbury, Amersham, High Wycombe, Buckingham, Bletchley, Newport Pagnell and Slough, and proved most helpful. The emphasis in teaching beginners is still on the use of swimming aids, i.e. floats, rings and inflatable arm-bands. The use of these aids enables the child to become “ water-borne ” quickly, and to get the feeling of movement through the water.

The Schools' Annual Gala was held at the Wycombe Borough Pool on 10th July and competitors from all areas in the County took part. The English Schools' National Championships were held at Grimsby in October and one swimmer and two divers from the County gained places in the finals.

### *Facilities for Sport and Recreation*

One of the most encouraging developments during the year was the completion of the Crystal Palace National Recreation Centre, built by the London County Council and then administered by the Central Council of Physical Recreation. When Education Authorities were invited to send groups of boys and girls with their teachers to stay at the Centre and make use of its magnificent facilities, we immediately went ahead with organising a visit and were, in fact, the first Education Authority to use it for a Residential Course.

Seventy-two boys and forty girls accompanied by three women and five men teachers from four schools in the Slough and Eton area, spent from the 12th to the 16th October there under the general supervision of Mr. C. Franks.

The numbers which took part in the various activities each day were as follows:—

Athletics	..	..	29	Rugby	..	..	17
Badminton	..	..	51	Soccer	..	..	39
Basket Ball	..	..	54	Swimming	..	..	55
Cricket	..	..	8	Tennis	..	..	47
Hockey	..	..	26	Trampolining	..	..	36
Netball	..	..	34	Volley Ball	..	..	52

Coaches from National Sports Organisations, who came in from time to time, did a great deal to help and inspire both children and teachers and we were delighted with the co-operation received from them.

The course was a great success and all who attended said they would like to have stayed longer and hoped to be able to join a similar course next year.

### *Courses*

During the year the following Refresher Courses for teachers were held:—

Archery	..	..	..	..	Aylesbury
Association Football	..	..	..	..	High Wycombe
Athletics	..	..	..	..	Slough
Dance	..	..	..	..	Bletchley, Wolverton
P.E. for Primary Schools	..	..	..	..	High Wycombe, Missenden Abbey
P.E. for Secondary Schools (men)	..	..	..	..	Aylesbury
Swimming and Diving	..	..	..	..	Slough

### *Demonstrations*

Minor games demonstrations were given at Amersham, Aylesbury, Bletchley, Buckingham, Newport Pagnell and Slough, during May and June.

### *Courses for Children in Secondary Schools*

At Shortenills, Chalfont St. Giles, where weekly residential courses are held, the following numbers of children attended courses in games and outdoor activities:—

				<i>Boys</i>	<i>Girls</i>
March	..	..	..	15	15
April	..	..	..	22	—
May ..	..	..	..	30	30
June ..	..	..	..	20	—
July ..	..	..	..	30	—
October	..	..	..	30	—
November	..	..	..	30	—
December	..	..	..	30	—

### *Camping*

During the summer term the tented camp near Wolverton, where children stay from Monday to Friday, was used by 480 children and 29 teachers from Primary Schools, and at week-ends by 95 youth club members and 13 leaders.

A number of Primary and Secondary Schools arranged their own camps and visits to Youth Hostels in various parts of the country.

### **Duke of Edinburgh Award**

The following details have been supplied by Mrs. M. F. Mullan, Deputy Director of Green Park Youth Training Centre, who succeeded Miss Olive Barstow, former Youth Organiser, as Secretary of the Duke of Edinburgh Award Committee.

*Taking part* : 19 schools, Youth Clubs and Industrial Firms.

	<i>Boys</i>	<i>Girls</i>
New entrants :	148	97 for Bronze Award
	77	6 „ Silver „
	<hr/> 225	<hr/> 103
Total participants :	205	138 for Bronze Award
	148	33 „ Silver „
	43	11 „ Gold „
	<hr/> 396	<hr/> 182
<i>Awards gained</i> :	65	40 Bronze
	21	15 Silver
	16	4 Gold

It is encouraging that, in addition to Schools and Youth Clubs taking part, more Industrial Firms are becoming interested in the scheme.

### **Schools' Sports Associations**

Associations in various sports continue to provide competition at County and National level. The Bucks Schools' Athletic team, not for the first time, won the Minor Counties' Competition at the National Athletic Championships. A recently formed association in Basket Ball had a successful season in matches against other counties.

Great credit is due to the teachers who give up their time to run these organisations.

### **Bucks Schools' Camp Association**

The Annual Camp was held on the field which is owned by the Association and situated near St. Helens, Isle of Wight. Parties attended for a week and the total numbers over the four-week period were 791 children and 185 teachers and helpers from 41 Primary, 9 Secondary Modern and 1 Grammar School.

Included in the numbers are 10 French children and two leaders who came from Rouen and stayed for three weeks, making an exchange with 16 boys and girls and two teachers from two of our Secondary Modern Schools, who stayed in a French Colonie de Vacance near Dieppe."

## MILK IN SCHOOLS

Mr. G. L. Davis, the Chief Inspector, reporting on the Milk-in-Schools Scheme, states:—

“Supervision of milk supplies to schools under the Milk-in-Schools Scheme continued as in previous years. All samples were tested for quality and cleanliness, and for disease infection where necessary. All suppliers and their sources of supply are approved by the Principal School Medical Officer.

Eleven samples of raw milk were examined for tubercle bacilli and brucella abortus. All were satisfactory.

In addition, 228 samples of pasteurised milk were checked and all but four were found to be satisfactory. They were biologically examined and found to be free from disease organisms.

242 samples of milk were tested for butter fat and other solids and all were satisfactory.

Bottles of milk containing foreign bodies were the subject of six complaints. Three contained glass and the other contained bristles, a metal cap and a piece of paper respectively.”

## INFECTIOUS DISEASES

The table which follows gives an indication of the incidence of infectious disease in school children during 1964; the totals appear to be considerably less than those for the preceeding year but this is due to a considerable extent to the fact that no returns are available in respect of schools in Slough and this makes comparison with the figures for previous years difficult. In order that some comparison can be made, however, the figures for 1964 have been extended, proportionately, and are shown in parentheses in the table, on the assumption that the incidence of infectious disease in children attending Slough Schools would be similar to that for the remainder of the County; there is no reason to suggest that it would be otherwise.

These extended figures show that with the exception of mumps, less “school time” was lost during 1964 because of infectious disease than was lost, for that reason, in 1963.

	1957	1958	1959	1960	1961	1962	1963	1964	
Diphtheria ..	—	—	—	3	—	—	—	—	—
Scarlet Fever ..	82	116	122	90	24	22	41	17	(20)
Measles .. ..	1,061	979	1,515	113	931	448	781	296	(344)
German measles ..	110	222	27	66	103	893	194	40	(46)
Whooping cough ..	120	86	86	48	20	6	82	62	(72)
Poliomyelitis ..	4	14	2	1	1	—	—	—	(—)
Chickenpox ..	734	790	699	821	165	486	727	578	(671)
Mumps .. ..	576	522	508	530	575	120	493	802	(931)
Other .. ..	189	39	1,486	42	132	12	50	34	(40)
TOTAL ..	2,876	2,768	4,445	1,714	1,951	1,987	2,368	1,829	(2123)
% of school population ..	4.5	4.1	6.3	2.3	2.5	2.6	2.9	2.2	(2.6)

Dr. A. W. Pringle, Divisional School Medical Officer, reports as follows on an outbreak of infective hepatitis at Ivinghoe County Primary School:—

“Ivinghoe County Primary is a small village school of the old type which has been modernised to some extent by various additions. It is on main drainage but like so many older schools, the sanitary accommodation is situated within the playground and separate from the wash-hand basins in the school building. There are 110 pupils, all resident either in Ivinghoe, Pitstone, a nearby village, or the country surrounding them. Before this present outbreak of infective hepatitis the only known case in the area was an adult aged 27 years, notified in October, 1963. The first cases of school children attending this school were notified during March, 1964. These were two children in the same family whose mother also developed the disease. A strict hand washing regime and special twice daily cleansing of the toilets were instituted and it was also decided, in co-operation with the general practitioner concerned, that cases would be excluded from school for six weeks and parents visited to explain how the disease was spread.



As three further cases were notified in May and four more in June, it was apparent that the measures taken to prevent spread of infection were insufficient. It was, therefore, decided to give gamma globulin and with the help of the Public Health Laboratory Service, Oxford, sufficient was obtained to inoculate all the staff, including cleaners and kitchen staff, and pupils, apart from one or two children absent through illness or on holidays. It was found that parents readily gave their consent.

The chain of infection in the school has effectively broken and no further cases occurred there. Two further cases were notified in the same family in Ivinghoe during July and August; one of these attended a training centre some distance from the village and the other was home for holidays from a special school. There were also two further cases during August in the area but no further spread from any of these has since occurred."

### SCHOOL HYGIENE AND SANITATION

The following schools had improvements to washing and sanitary accommodation carried out during 1964:—

<i>School</i>	<i>Improvements carried out</i>
<b>Buckingham and Winslow District</b>	
Gawcott C.P. . . . .	Enclosure of boys and girls lavatory blocks.
Stewkley C.E. Controlled . .	Enclosure of lavatory block.
<b>North Bucks Division</b>	
Shenley Church End C.P. . .	Connection to public sewer.
New Bradwell C. Sec. . .	Provision of range of wash-basins to metalwork building.
(Annexe at Wolverton)	
Leon C. Sec., Bletchley . .	Enclosure of boys lavatory block.
Wolverton C.I. . . . .	Provision of sinks in classrooms and basins in Nursery cloaks.
Stony Stratford C.P. . . . .	Provision of sinks in cloakrooms.
New Bradwell C. Sec. . . . .	Enclosure of lavatory block and provision of showers.
Olney C.P. . . . .	Re-organisation and improvements to lavatory blocks.
<b>Aylesbury Division</b>	
Queens Park C.I. . . . .	Provision of drinking fountain.
<b>Amersham and Chesham Division</b>	
Newtown C.I., Chesham . .	Renewal of W.C. pans to all lavatories.
Waterside C.I., Chesham . .	Installation of new urinal slab to boys toilets.
Chenies C.P. . . . .	Renewal of pipework and all flushing cisterns to lavatories.
	Connection to main drainage.
Whitehill C.J., Chesham . .	Part renewal of water supply.
Coleshill C.P. . . . .	Improvements to lavatory.
<b>Wycombe Division</b>	
Tylers Green C.P. . . . .	Additional basins and hot water supply.
Terriers C.P., High Wycombe . .	Additional staff lavatories.
<b>Eton Division</b>	
Wexham Court C.J. . . . .	Improvements to water supply.
Wexham Court C.I. . . . .	Provision of baby bath.
Dorney C.P. . . . .	Enlargement of Infant lavatories.
Wraysbury C.P. . . . .	Provision of sinks in HORSAs classrooms and Infant block.
Iver C.P. . . . .	Provision of sink in cloakroom.
Gerrards Cross C.E. Primary 7	Improvements to water supply to outside lavatories.
Iver Heath C.P. . . . .	Improvements to outside lavatories.
Horton C.E. Primary . . . .	Hot water supply to cloakrooms.
Stoke Poges C.P. . . . .	Connection to main sewer.
Woodside C. Sec. . . . .	Additional W.C.s for male staff.
<b>Slough Division</b>	
Slough Technical School . .	Extensive repairs and improvements to lavatories on playing field.
Our Lady of Peace R.C. Primary	Provision of drinking fountains.

## FOOD HYGIENE REGULATIONS, 1960 and 1962

The following schools had improvements to canteens and wash-ups carried out during 1964:—

<i>School</i>	<i>Improvements carried out</i>
<b>Buckingham and Winslow District</b>	
London Road Canteen, Buckingham .. ..	Formica tops to hatches.
Drayton Parslow C.P. .. ..	Improvements to kitchen.
<b>North Bucks Division</b>	
Manor Road C.I., Bletchley .. ..	Conversion of wash-up to kitchen.
Wolverton C. Sec. .. ..	Improvements to kitchen.
Saints C.J., Bletchley .. ..	Provision of formica tops.
Castle's C.I., Bletchley .. ..	Provision of formica tops.
Sherington C.E. Primary .. ..	Improvements to canteen kitchen.
Stewkley C.E. Primary .. ..	Provision of canteen kitchen.
<b>Aylesbury Division</b>	
Wendover C.E. Primary .. ..	Improvements to kitchen.
Dagnall C.P. .. ..	Improvements to wash-up.
Cheddington C.P. .. ..	Improvements to kitchen.
Halton C.P. .. ..	Improvements to kitchen.
Long Crendon C. .. ..	Provision of wash-up.
Oak Green C.J., Aylesbury .. ..	Minor alterations to kitchen.
<b>Amersham and Chesham Division</b>	
Prestwood C.P. .. ..	Alterations and improvements to kitchen.
St. Leonard's C.E. .. ..	Alterations and improvements to kitchen.
Chalfont St. Giles C.P. .. ..	Minor improvements and sink renewals.
Raans C. Sec. .. ..	Improvements to kitchen.
Chalfont St. Giles C.P. .. ..	New hot water system to lavatory basin.
Chesham Central Kitchen .. ..	Main water supply to preparation sinks and tank cleaning, etc.
Chalfont St. Peter C.E. .. ..	Drainage improvements re wastes, etc.
Henry Allen Nursery .. ..	Improvement to water supplies in kitchen.
Prestwood C.P. .. ..	New water supply to kitchen.
Chesham Central Kitchen .. ..	Renewal of main cold water supply tank.
<b>Wycombe Division</b>	
Booker Hill C.P. .. ..	Kitchen re-modelled.
Kingswood C.I. .. ..	Kitchen re-modelled.
Ibstone C.E. Primary .. ..	Installation of sterilizer and wash-basin.
Central Kitchen .. ..	Alterations carried out to overcome condensation.
<b>Eton Division</b>	
Wexham Court C.J. .. ..	Improvements to canteen.
<b>Slough Division</b>	
Slough College of F.E. .. ..	Improvements to washing-up facilities in Refectory kitchen.

## MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1965, as in Form 7, 7M, 8b and 11 Schools 83,023

**TABLE I**  
**PERIODIC MEDICAL INSPECTIONS**

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at part II	Total Individual pupils
		No	No			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1960 and later	942	940	2	2	72	74
1959	4,684	4,682	2	50	343	379
1958	3,991	3,991	—	53	338	386
1957	647	647	—	28	126	151
1956	362	361	1	20	89	104
1955	227	227	—	12	54	65
1954	3,824	3,816	8	174	162	330
1953	2,747	2,747	—	194	215	393
1952	570	570	—	43	75	118
1951	218	218	—	7	24	31
1950	724	724	—	40	47	81
1949 & earlier	7,175	7,175	—	490	353	831
<b>TOTAL</b>	<b>26,111</b>	<b>26,098</b>	<b>13</b>	<b>1,113</b>	<b>1,898</b>	<b>2,943</b>

**TABLE II**  
**OTHER INSPECTIONS**

Number of Special Inspections	..	..	..	934
Number of Re-inspections	..	..	..	3,760
<b>TOTAL</b>	..			<u>4,694</u>

**TABLE III**  
**INFESTATION WITH VERMIN**

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	105,223
Total number of individual pupils found to be infested .. .. .	370
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .. .. .	2
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .. .. .	—

**TABLE IV**  
**EYE DISEASES, DEFECTIVE VISION AND SQUINT**

External and other, excluding errors of refraction and squint	..	..	..	149
Errors of refraction (including squint) .. .. .	..	..	..	3,203
<b>TOTAL</b> ..				<u>3,352</u>
Number of pupils for whom spectacles were prescribed .. .. .	..	..	..	1,242



TABLE V

## DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received operative treatment:—

(a) for diseases of the ear	..	..	..	..	..	..	..	170
(b) for adenoids and chronic tonsillitis	..	..	..	..	..	..	..	1,646
(c) for other nose and throat conditions	..	..	..	..	..	..	..	113
Received other forms of treatment	..	..	..	..	..	..	..	82
							TOTAL	2,011

Total number of pupils in schools who are known to have been provided with hearing aids:—

(a) in 1964	..	..	..	..	..	..	..	..	16
(b) in previous years	..	..	..	..	..	..	..	..	48

TABLE VI

## ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Pupils treated at clinics or out-patients departments	..	..	..	..	..	..	..	197
(b) Pupils treated at school for postural defects	..	..	..	..	..	..	..	460
							TOTAL	657

TABLE VII

## DISEASES OF THE SKIN

(excluding uncleanness, for which see Table III)

Ringworm—(a) Scalp	..	..	..	..	..	..	..	..	—
(b) Body	..	..	..	..	..	..	..	..	5
Scabies	..	..	..	..	..	..	..	..	1
Impetigo	..	..	..	..	..	..	..	..	5
Other skin diseases	..	..	..	..	..	..	..	..	—
							TOTAL	..	11

TABLE VIII

## CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance clinics	..	..	..	..	..	..	..	686
--	----	----	----	----	----	----	----	-----

TABLE IX

## SPEECH THERAPY

Pupils treated by speech therapists	..	..	..	..	..	..	..	720
-------------------------------------	----	----	----	----	----	----	----	-----

TABLE X

## OTHER TREATMENT GIVEN

(a) Pupils with minor ailments	..	..	..	..	..	..	..	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	..	..	..	..	..	..	..	4
(c) Pupils who received B.C.G. vaccination	..	..	..	..	..	..	..	5,561
(d) Admission to holiday camp for diabetic children	..	..	..	..	..	..	..	1
							TOTAL	5,566

**TABLE XI**  
**DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR**  
**PERIODIC INSPECTIONS**

Defect Code No. (1)	Defect or Disease (2)	REQUIRING TREATMENT				REQUIRING OBSERVATION			
		Entrants	Leavers	Others	Total	Entrants	Leavers	Others	Total
4	Skin .. .. .	17	73	69	159	46	25	72	143
5	Eyes—a. Vision .. ..	114	488	511	1,113	137	71	282	490
	b. Squint .. ..	46	4	45	95	26	—	31	57
	c. Other .. ..	2	5	13	20	16	2	10	28
6	Ears—a. Hearing .. ..	115	39	221	375	167	28	126	321
	b. Otitis Media .. ..	13	5	8	26	19	2	11	32
	c. Other .. ..	4	8	6	18	13	—	1	14
7	Nose and Throat .. ..	91	32	118	241	322	14	153	489
8	Speech .. .. .	80	3	81	164	78	5	62	145
9	Lymphatic Glands .. ..	2	1	3	6	11	—	11	22
10	Heart .. .. .	10	14	25	49	75	14	65	154
11	Lungs .. .. .	15	8	51	74	78	30	97	205
12	Developmental—a. Hernia ..	8	12	5	25	17	—	4	21
	b. Other .. ..	8	16	52	76	86	17	134	237
13	Orthopaedic—a. Posture ..	19	39	75	133	20	7	77	104
	b. Feet .. ..	72	25	95	192	66	19	117	202
	c. Other .. ..	21	18	51	90	45	24	53	122
14	Nervous System—a. Epilepsy	4	5	8	17	18	4	24	46
	b. Other .. ..	1	6	18	25	34	6	46	86
15	Psychological—a. Development	19	1	72	92	80	4	125	209
	b. Stability .. ..	18	4	13	35	73	6	64	143
16	Abdomen .. .. .	1	5	5	11	13	4	13	30
17	Other .. .. .	10	9	21	40	68	28	66	162

### TABLE XII

#### SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin .. .. .	7	9
5	Eyes—a. Vision .. .. .	202	29
	b. Squint .. .. .	25	4
	c. Other .. .. .	6	6
6	Ears—a. Hearing .. .. .	118	53
	b. Otitis Media .. .. .	7	6
	c. Other .. .. .	4	—
7	Nose and Throat .. .. .	55	68
8	Speech .. .. .	104	32
9	Lymphatic Glands .. .. .	—	—
10	Heart .. .. .	10	31
11	Lungs .. .. .	10	69
12	Developmental—a. Hernia .. .. .	—	2
	b. Other .. .. .	13	36
13	Orthopaedic—a. Posture .. .. .	7	13
	b. Feet .. .. .	6	10
	c. Other .. .. .	9	17
14	Nervous System—a. Epilepsy .. .. .	4	10
	b. Other .. .. .	10	33
15	Psychological—a. Development .. .. .	69	78
	b. Stability .. .. .	59	44
16	Abdomen .. .. .	1	4
17	Other .. .. .	26	34

**TABLE XIII**  
**DENTAL INSPECTION AND TREATMENT**

[illegible]



## ORTHODONTICS

Number of attendances made by pupils for orthodontic treatment ..	3,714
Half days devoted to orthodontic treatment .. .. .	460
Cases commenced during the year .. .. .	429
Cases brought forward from the previous year .. .. .	1,151
Cases completed during the year .. .. .	218
Cases discontinued during the year .. .. .	113
Number of pupils treated by means of appliances .. .. .	233
Number of removable appliances fitted .. .. .	405
Number of fixed appliances fitted .. .. .	8
Cases referred to and treated by Hospital Orthodontists .. .. .	20

(Note: these figures include orthodontic treatment given by dental officers in addition to that provided by the County Orthodontist).

TABLE XIV

### SPECIAL CLASSES AND UNITS IN THE AUTHORITY'S AREA

Special classes and units (not forming part of a special school) in the Authority's area  
on 21st January, 1965

Name and Address	Number of Classes or Units				No of pupils in each class
	Partially Sighted	Partially Hearing	Physically Handicapped	Maladjusted	
The Partially Hearing Unit, The Lea County Infant's School, Grasmere Avenue, Slough .. ..	-	1	-	-	8
Unit for Partially Hearing Children, Terriers County Primary School, Terriers, High Wycombe .. ..	-	1	-	-	8
Unit for Partially Hearing Children, Woodside County Junior School, Mitchell Walk, Amersham .. ..	-	1	-	-	8
Special Class for Maladjusted Pupils, Roberts Road Clinic, High Wycombe .. .. .	-	-	-	1	15
George Green Adjustment Class, attached to: Wexham Court County Junior School, Church Lane, Wexham, Slough ..	-	-	-	1	15

Number of teachers of the deaf and partially hearing employed by the Authority  
(other than in special schools) on 21st January, 1965

Teachers Employed	Manchester University qualification		National College of Teachers of the Deaf qualification		Total
	Males	Females	Males	Females	
In special classes or units ..	-	2	1	-	3
In audiology clinics .. ..	-	-	-	-	-
As peripatetic teachers .. ..	-	-	-	-	-

**TABLE XV**  
**HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS**  
**APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944**  
**OR BOARDING IN BOARDING HOMES**

During calendar year ended 31st December, 1964	Blind (1)	Parti- ally Sighted (2)	Deaf (3)	Parti- al Hearing (4)	Physi- cally Handi- capped (5)	Delicate (6)	Malad- justed (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	TOTAL (11)
A. Handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes .. .. .	—	—	1	2	12	13	40	217	2	—	287
B. (i) No. of children included at A newly placed in special schools (other than hospital special schools) or boarding homes .. .. .	—	—	—	1	4	10	—	53	—	—	68
B. (ii) No. of children assessed prior to 1st January, 1964, newly placed in special schools (other than hospital special schools) or boarding homes .. .. .	1	1	—	—	4	2	5	69	1	—	83
TOTAL (B(i) and B(ii) ) ..	1	1	—	1	8	12	5	122	1	—	151
C. (i) No. of handicapped pupils requiring places in special schools—											
(a) day .. .. .	—	—	1	1	2	—	1	229	—	—	234
(b) boarding .. .. .	1	—	—	2	8	4	14	83	1	—	113
C. (ii) included at (i) who had not reached the age of 5 and were awaiting—											
(a) day places .. .. .	—	—	1	—	1	—	—	—	—	—	2
(b) boarding places .. .. .	—	—	—	—	1	—	—	—	—	—	1
C. (iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting:—											
(a) day places .. .. .	—	—	—	—	—	—	—	33	—	—	33
(b) boarding places .. .. .	—	—	—	—	—	1	—	29	—	—	30
D. (i) on the registers of—											
(1) maintained special schools as—											
(a) day pupils .. .. .	—	2	2	—	17	1	2	470	—	—	494
(b) boarding pupils .. .. .	—	2	9	6	7	15	4	139	—	—	182
(2) non-maintained special schools as—											
(a) day pupils .. .. .	—	—	—	—	—	—	2	—	—	—	2
(b) boarding pupils .. .. .	14	7	8	2	12	18	12	61	5	—	139
(3) on the registers of independent schools under arrangements made by the Authority .. .. .	1	—	5	5	22	6	61	27	—	—	127
D. (ii) boarded in homes and not already included under (i) above .. .. .	—	—	—	—	—	4	7	—	—	—	11
TOTAL (D) .. .. .	15	11	24	13	58	44	88	697	5	—	955
E. Being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944—											
(i) in hospitals .. .. .	—	—	—	—	29	—	—	—	—	—	29
(ii) in other groups (e.g. units for spastics, convalescent homes) .. .. .	—	—	—	—	3	1	—	2	1	—	7
(iii) at home .. .. .	—	1	—	—	16	5	3	8	1	—	34

TABLE XVI

## CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

During the calendar year ended 31st December, 1964:—

(i) No. of children who were the subject of new decisions recorded under Section 57 (4) of the Education Act, 1944 .. .. .	42
(ii) No. of reviews carried out under the provisions of Section 57A of the Education Act, 1944 .. ..	9
(iii) No. of decisions cancelled under Section 57A (2) of the Education Act, 1944 .. .. .	2

TABLE XVII

## SCHOOL CLINICS

as at December, 1964

	Sessions
<b>Child Guidance :</b>	
Walton House, Walton Street, Aylesbury .. .. .	3 sessions per week
88 Roberts Road, High Wycombe .. .. .	4 " " "
The Health Centre, Burlington Road, Slough .. .. .	7 " " "
Whalley Drive, Bletchley .. .. .	3 " " "
<b>Dental :</b>	
Pebble Lane, Aylesbury .. .. .	15 sessions per week
Whalley Drive, Bletchley .. .. .	10 " " "
Flat 1, Verney Close, Buckingham .. .. .	1 " " "
The School Clinic, Germain Street, Chesham .. .. .	10 " " "
51 Priory Road, High Wycombe .. .. .	24 " " "
The Health Centre, Victoria Road, Marlow .. .. .	6 " " "
The Health Centre, Burlington Road, Slough .. .. .	16 " " "
Wexham Court, Knolton Way, Slough .. .. .	1 " " "
The School Clinic, 122 Church Street, Wolverton .. .. .	1 " " "
Ambulance Centre, Chiltern Avenue, Amersham .. .. .	5 " " "
Health Centre, Parlaunt Park, Langley, Slough .. .. .	6 " " "
1 Wentworth Avenue, Britwell Estate, Slough .. .. .	5 " " "
<b>Ophthalmic :</b>	
51 Priory Road, High Wycombe .. .. .	2 sessions per week
The Health Centre, Burlington Road, Slough .. .. .	3 " " "
<b>Orthoptic :</b>	
51 Priory Road, High Wycombe .. .. .	4 sessions per week
<b>Speech Therapy :</b>	
Walton House, Walton Street, Aylesbury .. .. .	4 sessions per week
The School Clinic, Germain Street, Chesham .. .. .	2 " " "
The Health Centre, Oxford Road, Denham .. .. .	1 " " "
The Health Centre, Burlington Road, Slough .. .. .	3 " " "
173 Trelawney Avenue, Langley, Slough .. .. .	1 " " "
1 Wentworth Avenue, Britwell Estate, Slough .. .. .	1 " " "
Health Centre, Parlaunt Park, Langley, Slough .. .. .	1 " " "
Health Centre, Victoria Road, Marlow .. .. .	1 " " "
Municipal Health Centre, High Wycombe .. .. .	3 " " "
<b>Vaccination and Immunisation :</b>	
Pebble Lane, Aylesbury .. .. .	As and when required
Whalley Drive, Bletchley .. .. .	" " " "
School Clinic, Germain Street, Chesham .. .. .	" " " "
Municipal Health, Centre, High Wycombe .. .. .	" " " "
Health Centre, Burlington Road, Slough .. .. .	" " " "
Wexham Court, Knolton Way, Slough .. .. .	" " " "
Health Centre, Oxford Road, Denham .. .. .	" " " "
173 Trelawney Avenue, Langley, Slough .. .. .	" " " "
1 Wentworth Avenue, Britwell Estate, Farnham Royal, Slough .. .. .	" " " "
Health Centre, Parlaunt Park, Langley, Slough .. .. .	" " " "



